

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000002496 (7)

1. Corporation Name

**THE NEW LIFE HOLINESS CHURCH, AND TEEN MINISTRE
S, INC.**

Principal Place of Business

**1049 SOUTH CENTRAL AVE.
APOPKA FL 32703**

Mailing Address

**1049 SOUTH CENTRAL AVE.
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

1

4. FBI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BARNES, BARBARA
1049 SOUTH CENTRAL AVE.
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

**BARNES, BARBARA A
1049 SOUTH CENTRAL AVE.
APOPKA FL 32703**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

**BARNES, MASON
1049 SOUTH CENTRAL AVE.
APOPKA FL 32703**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

**WOODS, YVONNE D
1049 SOUTH CENTRAL AVE.
APOPKA FL 32703**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara A. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Barbara A. Barnes

407-986-3206
Daytime Phone

4-10-95
Date

0000000

na400002-06

4-14-95

To whom it may Concern;

I'm Minister Barbara Barnes
of The New Life Holiness
Church and Teen Ministries, Inc

I'm returning this Annual Report
filled out completely to the
Best of my knowledge.

We are a small and new
Church, trying to get off
the ground and it's a lot
of work for all of us. We
learned to do a variety of
offices within the Church.

I had questions about the
(501) C Because we are a
non-profit organization, and
we all was under the impression
the all Churches were exempted
from this kind of financial
reporting. I have called
Tallahassee And 1-800-829-1040

094000002406

But all the lines have been
Constantly Busy.

I've also Called The 904-488-9200
number, 1-800-352-3671

* We Can't Seem to get any
question answered as to how
to apply for The (501)(c)(3) Status

If You the received of this
letter and annual report Could
be of any any help, Please

Call Me Collect or mail me the
Information. Meanwhile here's the
check for the 130.00 for this
report. Our prayers are
always with you,
Love & Peace
Sincerely

Mrs. Barbara Barnes
Teen Ministries (Pastor)

407-886-3206
1849 S. Central Ave, Apopka FL 32713