FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N95000003537 (6)

1. Corporation Name

NEW LIFE SPANISH ASSEMBLY OF GOD OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
17030 KELLOG AVE PORT CHARLOTTE FL 33954	17030 KELLOG AVE PORT CHARLOTTE FL 33954

3. Date Incorporated or Qualified: 07/25/1995

3a. Date of Last Report: N/A

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2565 TAMIAMI TRAIL	26 P.O. BOX 2394
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PORT CHARLOTTE, FL.	28 City & State: PORT CHARLOTTE FLA
24 Zip: 33954 25 Country: USA	29 Zip: 33954 30 Country: USA

9. Name and Address of Current Registered Agent

GARCIA, JERRY
17030 KELLOG AVE
PORT CHARLOTTE FL 33954

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	GARCIA, JERRY		1.2 NAME		
STREET ADDRESS	17030 KELLOG AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		1.4 CITY-ST-ZIP		
TITLE	STD	[X] DELETE	2.1 TITLE	ST.	[X] Change [ ] Addition
NAME	REGALADO, ELIZABETH		2.2 NAME	MARIVEL DECLET	
STREET ADDRESS	17030 KELLOG AVE		2.3 STREET ADDRESS	17030 KELLOG AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		2.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33954	
TITLE	TD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	DIAZ, JULIO A		3.2 NAME		
STREET ADDRESS	17030 KELLOG AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: _____ 1-17-96 (813)625-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JERRY GARCIA

CR2E037 (12/95)