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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
2565 TAMIAMI TRAIL PORT CHARLOTTE FL 33954 US	P O BOX 2394 PORT CHARLOTTE FL 33949-2394 US

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business
21: SAME
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: APPLIED FOR 65-0641885 ☐ 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

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: SAME
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 _____ 1-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	GARCIA, JERRY		1.2 NAME	JERRY GARCIA	
STREET ADDRESS	17030 KELLOG AVE		1.3 STREET ADDRESS	17030 KELLOG AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		1.4 CITY-ST-ZIP	PORT CHARLOTTE FLA 33954	
TITLE	ST	☒ DELETE	2.1 TITLE	SECRETARY ST	☒ Change ☐ Addition
NAME	DECLET, MARIVEL		2.2 NAME	LIDIA VARGAS	
STREET ADDRESS	17030 KELLOG AVE		2.3 STREET ADDRESS	2105 CARNAC ST	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE, FLA	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	DIAZ, JULIO A		3.2 NAME	JULIO DIAZ	
STREET ADDRESS	17030 KELLOG AVE		3.3 STREET ADDRESS	3428 EVANSTON	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JERRY GARCIA 1-14-97 (941) 625-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057414