## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 748250

(8)

NEW LI	FE PRESBYTERIAN CHURC	CH OF LAKE COUNT	Y, INC				
Principal Place	of Business	Mailing Address			1 100111 10011 01001 0110 11901 01111	91. G191. A191. 6141. B141	
201 LAVISTA ST FRUITLAND PARK FL 34731		201 LAVISTA ST FRUITLAND PARK FL 34731					
					<ol> <li>Date Incorporated or Qualified 07/30/1979</li> </ol>	3a. Date of Las 03/03/1	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		<b>59-2050661</b> Not Applicable			
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.		<u>-</u>	5. Certificate of Status Desired	7	5 Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	1 1 7 -	00 May Be ed to Fees
Zip	Country Zip		Country	Country 8. This corporation has liability for in		itangible tax under s. 199.032,	
24	25	29	30		Florida Statutes		
	9. Name and Address of Curren	it Registered Agent		T	10. Name and Address of New Re	egistered Agent	
			81	Name			
BIRDSALL, WILLIAM VIA MARCIA STREET AT TRINITY TRAIL				Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	LAKE COMMUNITY		83				
FRUITLAI	ND PARK FL		84	City		EI 85 Z	ip Code
44 Durayant	a the provisions of Sections 617.0500	and 617 1508 Florida State	rtes the above.	named corry	pration submits this statement for the purp	oose of changing its	registered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was author	rized by the corp	oration's bo	ard of directors. I hereby accept the appo	intment as registere	d agent. I am
SIGNATURE _			NOTE: Registered Age	at can abuse manif	and whom minel string.	DATÉ	
12.	Signature, typed or printed name of registered agent and title if applicatue. (NOTI OFFICERS AND DIRECTORS		13.	t signatura radu	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	TSD	DELETE				☐ Change	Addition
NAME	LANDSTEDT, BARRY		. 12 NAME				
STREET ADDRESS	79 SANJAY LANE		1 3 STREET ADDRESS				
CITY - ST - ZIP	LEESBURY FL		1.4 CITY - :	ST-ZIP			
TITLE	PD	_			PD	XX Change	Addition
NAME	CARROLL, JAMES P		2.2 NAME		Purdum, Rosemary		
STREET ADDRESS	36126 HICKORY STREET		23 STREE	F ADDRESS	33703 Overton Drive		
C-TY-ST-ZIP	FRUITLAND PARK FL		2 4 CITY-	ST-ZIP	Leesburg, FL 34788	<b>F-1</b> 05	- Addition
TITLE	VD	DELETE	3.1 TITLE			Change	Addition Addition
NAME	SLOAN, MARY		3 2 NAME				
STREET AODRESS	915 CABALLO ROAD LEESBURG FL			I ADDRESS			
CHTY - ST - ZIP	DELETE		3.4. CITY - 4.1 TITLE	51-ZIP		Change	Addition
NAME			4 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			4.4 GITY -				
TITLE		DELETE	5 1 TITLE	<u> </u>		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP		<u></u> .	5.4 CITY-	ST-ZIP			
TiTLE		DELETE	6 1 TITLE			☐ Change	Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREE	T ADORESS			
CITY-ST-ZIP		M 41 - 67 - 1 - 1 - 2 - 2	6 4 CITY-		for the execution stated in Costa - 410	07/9\\landa Ctat	itoe I fuethor
certify that oath; that	t the information indicated on this ann	ual report or supplemental a oration or the receiver or trus	nnual report is tr stee empowered	ue and accu	y for the exemption stated in Section 119. Irate and that my signature shall have the this report as required by Chapter 617, Fic	same legal errect as	it mage under

IGNATURE: Rosemary P. Purdum 2/12/96 (352) 728-1861

CR2E037 (12/95)