CORPORATION
ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748250

1. Corporation Name

NEW LIFE PRESBYTERIAN CHURCH OF LAKE COUNTY, INC

Principal Place of Business	Mailing Address
201 LAVISTA ST FRUITLAND PARK FL 34731	201 LAVISTA ST FRUITLAND PARK FL 34731

06/01/99 90032 035 61.25

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 07/30/1979

4. FEI Number: 59-2050661 — ☐ 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. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BIRDSALL, WILLIAM VIA MARCIA STREET AT TRINITY TRAIL SPRING LAKE COMMUNITY FRUITLAND PARK FL	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 617.1808, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	TSD	☐	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VPTSD	☒ ☐
NAME	HINDMAN, SCOTT				
STREET ADDRESS	700 BOYLESTON ST				
CITY-ST-ZIP	LEESBURG FL				
TITLE	PD	☒	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD KEMP, JANICE 33300 SOMERSET DR LEESBURG FL 34788	☐ ☒
NAME	PURDUM, ROSEMARY				
STREET ADDRESS	33703 OVERTON DRIVE				
CITY-ST-ZIP	LEESBURG FL				
TITLE	VD	☐	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Paravati, Peter 3401 Picciola Dr Fruitland Park FL 34731	☐ ☒
NAME	PARAVATI, PETER				
STREET ADDRESS	3401 PICCIOLA DR				
CITY-ST-ZIP	FRUITLAND PARK FL				
TITLE		☐	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ ☐
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	06/24/99	☐ ☐
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ ☐
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Janice S. Kemp 2/11/99 (352) 728-1861
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED — DATE — Daytime Phone #

Janice S. Kemp
President/Director
6/18/99 (352) 728-1861