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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 718624 (0)  
1. Corporation Name

THE NEWMAN EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3115 S. CHERRY BOX 1652 PINE BLUFF AR 71603  
3115 S. CHERRY BOX 1652 PINE BLUFF AR 71603

3. Date Incorporated or Qualified

06/03/1970

4. FEI Number

59-1357352

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 3300 S. CHERRY 26 3300 S. CHERRY  
Suite, Apt. #, etc. BOX 1652 Suite, Apt. #, etc. BOX 1652  
22 Pine Bluff, Ar. 27  
City & State City & State  
23 PINE BLUFF, AR 28  
Zip Zip  
24 71603 25 Jefferson 29 71603 30 Jefferson

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, L.K.  
4506 S. FLORIDA AVENUE  
BOX 5964  
LAKELAND FL 33813

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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, CHARLES R	1.2 NAME	
STREET ADDRESS	3115 S. CHERRY 3300 S. Cherry	1.3 STREET ADDRESS	
CITY - ST - ZIP	PINE BLUFF AR 71603	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JIM	2.2 NAME	
STREET ADDRESS	1484 6TH ST NW	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, SANDRA G	3.2 NAME	
STREET ADDRESS	605 HIGDON #212	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOT SPRINGS AR	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVEY, C H	4.2 NAME	
STREET ADDRESS	208 PARK AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDAL FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SAM	5.2 NAME	
STREET ADDRESS	880 PIEDMONT DR. SE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, ALBERT	6.2 NAME	
STREET ADDRESS	810 E. BELLA VISTA	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	6.4 CITY - ST - ZIP	

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. NEWMAN, PRES

870-535-1639