

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 032 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

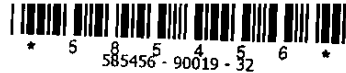


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 718624

1. Corporation Name

THE NEWMAN EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3300 S CHERRY
 BOX 1652
 PINE BULFF AR 71603
 US

3300 S CHERRY
 BOX 1652
 PINE BLUFF AR 71603
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1970

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1357352

Applied For
 Not Applicable

2 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

3 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

4 25 29 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	P NEWMAN, CHARLES R 3300 S CHERRY PINE BULFF AR 71603	1.2 NAME	
<input type="checkbox"/> DELETE	V GREEN, JIM 1484 6TH ST NW WINTER HAVEN FL	1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	S NEWMAN, SANDRA G 605 HIGDON #212 HOT SPRINGS AR	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D SPIVEY, C H 208 PARK AVE. AUBURDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	D SCOTT, SAM 880 PIEDMONT DR. SE WINTER HAVEN FL	2.2 NAME	
<input type="checkbox"/> DELETE	D GARNER, ALBERT 810 E. BELLA VISTA LAKELAND FL	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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, with another like empowered.

SIGNATURE *Charles R. Newman* **CHARLES R. NEWMAN** 7/2/99 870-535-1639
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)