## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE:

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

738002

(5)

NEW LIFE ASSEMBLY OF GOD, INC., OF CLEARWATER, F LORIDA

Principal Place of Business Mailing Address 5656 150TH AVENUE NORTH 5656 150TH AVENUE NORTH CLEARWATER FL 34620-2640 **CLEARWATER FL 34620-2640** 3. Date Incorporated or Qualified 3a Date of Last Report 02/04/1977 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1874901 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country  $Z_{(D)}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 3061 KAPOK KOVE DR **CLEARWATER FL 34619** 84 City Zip Code 85 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 (NOT: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFIE TITLE 1.1.1111.6 Change LEBEL, YVON 1.2 NAME NAME 720 LAKE PALM DR STREET ADDRESS 1.3 STREET ADDRESS LARGO GL CITY-ST-ZIP 1.4 CHY- ST-7IP DELETE Change Addition TITLE 2.1 TITLE JUM PITTMAN 8303 MAID MARION'S TRAIL NAME **EUBANKS, JOHN** 2.2 NAME STREET ADDRESS 2273 KERSEY ROAD 2.3 STREET ADDRESS 33809 LAKELAND , FL CLEARWATER, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 THLE THOMPSON, CHARLES M NAME 3.2 NAME 3061 KAPOK KOUE DR 101 S OLD COACHMAN RD STE 601 3.3 STREET ADDRESS STREET ADDRESS CLEAR WATER, FL 34619 CLEARWATER FL. CITY-ST-ZIP 3 4. CITY-ST-7F DELF16 ☐ Change Addition TITLE 4.1 THLE NAME WHITE, IVAN W 4.2 NAME 15777 BOLESTA RD. 58 STREET ADDRESS 4.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 4.4 CITY- ST-7/P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 eath; 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 12-if changed, or on an attachment with an address.

6 4 CITY - ST - 7IP

5.3 STREET ADDRESS 5.4 CITY- \$1 - 7IP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

May 05 1997 8:00am

Secretary of State

(96/6) CR2E037