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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 739843

1. Corporation Name

NEW LIFE FELLOWSHIP BAPTIST CHURCH, INC.

Principal Place of Business
970 TUSKAWILLA RD.
WINTER SPRINGS FL 32708

Mailing Address
970 TUSKAWILLA RD.
WINTER SPRINGS FL 32708



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/05/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1765313

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKLER, ANDREW M
9958 LAKE GEORGIA DR
ORLANDO FL 32817

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

T
NAME MUMBERT, NEAL
STREET ADDRESS 233 YARMOUTH RD
CITY-ST-ZIP FERN PARK FL 32730

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

DV
NAME INCINELLI, VICTOR J
STREET ADDRESS 5236 ALBERT DR
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

D
NAME CRAWDALL, JIM
STREET ADDRESS 732 FRIAR RD
CITY-ST-ZIP WINTER PARK FL 32792

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

PD
NAME MILKER, ANDREW M
STREET ADDRESS 9958 LAKE GEORGIA DR
CITY-ST-ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

D
NAME BARCLAY, JAMES
STREET ADDRESS 1219 CHEETAH TRAIL
CITY-ST-ZIP WINTER SPRINGS FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

S
NAME RIETH, KARI
STREET ADDRESS 10380 AIRPLANT CIRCLE
CITY-ST-ZIP MIMS FL 32754

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 407-356-3342

CR2E037 (11/98)