

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90041 003 ****61.25

DOCUMENT # 739843

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKLER, ANDREW M
9958 LAKE GEORGIA DR
ORLANDO FL 32817

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME MUMBERT, NEAL ☐ Delete
STREET ADDRESS 562 HEATHER OAK COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME BEECH, CLAUDE E ☐ Delete
STREET ADDRESS 1557 CRAWFORD DR.
CITY-ST-ZIP APOPKA FL 32703

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

TITLE
NAME ANDERSON, ROBERT ☐ Delete
STREET ADDRESS 1020 S. NEVERSINK CT.
CITY-ST-ZIP ORLANDO FL 32817

TITLE
NAME ANDERSON, VICKI ☒ Delete
STREET ADDRESS 1020 S. NEVERSINK CT.
CITY-ST-ZIP ORLANDO FL 32817

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S Joanne Mikler ☐ Change ☒ Addition
NAME 9958 Lake Georgia Dr.
STREET ADDRESS Orlando FL 32817
CITY-ST-ZIP

TITLE M Robert Olliff ☐ Change ☒ Addition
NAME 2005 Mikler Road
STREET ADDRESS Orlando FL 32765
CITY-ST-ZIP

TITLE M Ron Conklin ☐ Change ☒ Addition
NAME 140 Shady Oak Lane
STREET ADDRESS Oviedo FL 32765
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Neal Mumbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RN Number 2/27/04 407-699-1000
Date Daytime Phone #