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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:50

DOCUMENT # 746334 (2)

1. Corporation Name

NEW LIFE CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
10205 US HWY #1 PO BOX 780405 SEBASTIAN FL 32978	10205 US HWY #1 PO BOX 780405 SEBASTIAN FL 32978

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2255136 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PENNINGTON, SHELDON K.
10205 US HWY #1
SEBASTIAN FL 32978-7405

Victor L. Smith
520 Carnival Terrace
Sebastian, Fl. 32958

10. Name and Address of New Registered Agent

81 Name: Pastor Gene Poole
82 Street Address (P.O. Box Number is Not Acceptable): 1805 S.W. 15th Street
83
84 City: Vero Beach FL 85 Zip Code: 32962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Gene Poole PRESIDENT/Director 2-1-95
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. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☑ Change ☐ Addition President/Director
NAME	POWELL, JOHN ARTHUR	1.2 NAME	Gene Poole
STREET ADDRESS	4681 NORTH U.S. #1	1.3 STREET ADDRESS	1805 S.W. 15th St.
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, Fl. 32962
TITLE	STD	2.1 TITLE	☑ Change ☐ Addition Vice President/Director
NAME	SMITH, VICTOR L.	2.2 NAME	Kelly Wadsworth
STREET ADDRESS	520 CARNIVAL TERR.	2.3 STREET ADDRESS	2585 88th Ave.
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	Vero Beach, Fl. 32966
TITLE	PD	3.1 TITLE	☑ Change ☐ Addition Secretary Treasurer/Director
NAME	PENNINGTON, SHELDON K.	3.2 NAME	Rick Foster
STREET ADDRESS	123 CURTIS CIRCLE	3.3 STREET ADDRESS	415 37th Avenue
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	Vero Beach, Fl. 32908
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gene Poole PRESIDENT 1-23-95 (407-589-3185)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037070