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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **752133**

1. Corporation Name

NEW LIFE ASSEMBLY OF GOD OF SOUTH WINTER HAVEN, INC.

Principal Place of Business	Mailing Address
1951 RIFLE RANGE RD. WINTER HAVEN FL 33880	1951 RIFLE RANGE RD. WINTER HAVEN FL 33880

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 04/22/1980

4. FEI Number: 59-2071291 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FARRER, JAMES
1951 RIFLE RANGE RD.
BARTOW FL 33880

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, KENNETH R		1.2 NAME	
STREET ADDRESS	580 HEATHER COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, CHESTER		2.2 NAME	
STREET ADDRESS	116 11TH STREET W.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITEHEAD, KENNETH		3.2 NAME	
STREET ADDRESS	807 TUSCANI WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BIRCHEAT, IVA NELL		4.2 NAME	
STREET ADDRESS	32 FOX LAKE RD. S.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FARRER, DIANE		5.2 NAME	
STREET ADDRESS	4005 1/2 GANDY ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830		5.4 CITY-ST-ZIP	
TITLE	CP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FARRER, JAMES		6.2 NAME	
STREET ADDRESS	1951 RIFLE RANGE RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: James Farrer SIGNATURE REQUIRED 1-18-99 941-533-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #