FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY

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DOCUMENT # **755683** **(0)**

1. Corporation Name

NEW LIFE ALLIANCE CHURCH, INC.

Principal Place of Business	Mailing Address
12265 INDIANTOWN ROAD JUPITER FL 33478 US	72265 INDIAN TOWN RD JUPITER FL 33478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/24/1980**
3a. Date of Last Report: **04/20/1994**

4. FEI Number: **59-1708150** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, JOHN FENN
1897 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

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 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 _____ 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	DV	11 TITLE	DVS	☒ Change ☐ Addition
NAME	VARELLA, DAVID.	12 NAME	VARELLA, DAVID	
STREET ADDRESS	7342 163RD COURT, N.	13 STREET ADDRESS	7342 163RD COURT, N	
CITY-ST-ZIP	LAKE PARK FL	14 CITY-ST-ZIP	LAKE PARK, FLA.	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MATHIS, ELMER D.	22 NAME		
STREET ADDRESS	16040 MELLEN LANE.	23 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	PDT	☒ Change ☐ Addition
NAME	WELCH, TOM	32 NAME	WELCH, TOM	
STREET ADDRESS	6052 MULLIN ST	33 STREET ADDRESS	6052 MULLIN ST,	
CITY-ST-ZIP	PALM BCH GDNS FL	34 CITY-ST-ZIP	PALM BCH. GDNS. FL.	
TITLE	S	41 TITLE	PLEASE REMOVE	☒ Change ☐ Addition
NAME	FINCHAM, KENT	42 NAME	FINCHAM, KENT.	
STREET ADDRESS	6371 FOX RUN	43 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	PLEASE REMOVE	☒ Change ☐ Addition
NAME	TAYLOR, BRUCE	52 NAME	TAYLOR, BRUCE	
STREET ADDRESS	16700 JUPITER FARMS ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Elmer D. Mathis ELMER D. MATHIS DIRECTOR 5/1/95 407-746-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081481