

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755683
1. Corporation Name NEW LIFE ALLIANCE CHURCH

Principal Place of Business Mailing Address
12265 INDIANTOWN Rd.
JUPITER, FLA. 33478-6543

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/80		3a. Date of Last Report 1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1708150		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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	
TITLE	TOM WELCH <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D	1.2 NAME	
STREET ADDRESS	6052 MULLIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FLA. 33418	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID VARELLA	2.2 NAME	
STREET ADDRESS	4103 DAKOTA PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FLA. 33418	2.4 CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. DEWEY MATHIS	3.2 NAME	
STREET ADDRESS	16040 MELLEEN LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FLA. 33478	3.4 CITY-ST-ZIP	
TITLE	T. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT BAUR	4.2 NAME	
STREET ADDRESS	16887 96 TERR. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FLA. 33478	4.4 CITY-ST-ZIP	
TITLE	S. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROXANNE NETTLES	5.2 NAME	
STREET ADDRESS	17265 JUPITER FARMS Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FLA. 33478	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100001859701
-06/12/96--01043--029
***70.00

06-12-96 OK

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)(k), 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: E. Dewey Mathis - E. DEWEY MATHIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

Date

407.746-2726

Daytime Phone #

CR2E037 (12/95)