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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**12265 INDIANTOWN RD  
JUPITER FL 33478  
US**



3. Date Incorporated or Qualified

**12/24/1980**

4. FEI Number

**59-1708150**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **VD**  
NAME **VARELLA, DAVID.**  
STREET ADDRESS **4103 DAKOTA PL**  
CITY-ST-ZIP **PALM BCH GDNS FL**

TITLE **D**  
NAME **MATHIS, E. DEWEY**  
STREET ADDRESS **16040 MELLE LANE.**  
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **PD**  
NAME **WELCH, TOM**  
STREET ADDRESS **8052 MULLIN ST**  
CITY-ST-ZIP **PALM BCH GDNS FL 33418**

TITLE **T**  
NAME **BAUR, SCOTT**  
STREET ADDRESS **16887 96 TERR. N.**  
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **S**  
NAME **NETTLES, ROXANNE**  
STREET ADDRESS **17285 JUPITER FARMS RD.**  
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **PD**  
3.2 NAME **Steve Pennell**  
3.3 STREET ADDRESS **12265 Indiantown Rd**  
3.4 CITY-ST-ZIP **Jupiter FL 33478**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **Sue Varella, Secretary**  
5.2 NAME **4103 Dakota Pl**  
5.3 STREET ADDRESS **Palm Beach Gardens, Fl 33418**  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*

3-17-98

(561) 624-3277

CR2E037 (10/97)