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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90022 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **759269**

1. Corporation Name  
**NEW LIFE FELLOWSHIP ASSEMBLIES OF GOD CHURCH, IN CORPORATED**

\* 4 8 8 6 8 4 8 \*  
 486840 - 90022 - 3

Principal Place of Business  
 8450 HWY. 97  
 P.O. BOX 56  
 WALNUT HILL FL 32568

Mailing Address  
 8450 HWY. 97  
 P.O. BOX 56  
 WALNUT HILL FL 32568



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/23/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2241293	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee Required	
24		25		29	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STOKES, BENNIE 8450 HWY 97 WALNUT HILL FL 32568				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL	

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 Bennie Stokes President/Pastor DATE 4/30/99  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, BENNIE	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HERMAN	2.2 NAME	
STREET ADDRESS	6101 ARTHUR BROWN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, RUBY	3.2 NAME	
STREET ADDRESS	8130 PINE FOREST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BRENDA	4.2 NAME	
STREET ADDRESS	11009 HWY 97	4.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: Brenda Thompson DATE 4/30/99 DAYTIME PHONE # 850-327-4404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)