

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 # 760134 (7)

1. Corporation Name

NEW LIFE CHRISTIAN CENTER OF TAMPA, INC.

Principal Place of Business

**109 APRIL LANE
TAMPA FL 33613**

Mailing Address

**109 APRIL LANE
TAMPA FL 33613**



3. Date Incorporated or Qualified
09/22/1981

3a. Date of Last Report
04/27/1995

4. FEI Number

59-2347581

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGGINS, DEBRA
18723 GERACI RD.
LUTZ FL 33549**

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

Debra Higgins

(NOTE: Registered Agent signature required when reinstating)

4/8/94

DATE

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

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HIGGINS, JAMES A | |
| STREET ADDRESS | 18723 GERACI RD. | |
| CITY - ST - ZIP | LUTZ FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | HIGGINS, DEBRA N | |
| STREET ADDRESS | 18723 GERACI RD. | |
| CITY - ST - ZIP | LUTZ FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | HIGGINS, MILTON L | |
| STREET ADDRESS | 3703 THORNWOOD DR | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VD HIGGINS, DEBRA N |
| 2.3 STREET ADDRESS | 18723 GERACI RD. |
| 2.4 CITY - ST - ZIP | LUTZ, FL |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | STD HENLEY, LARRY |
| 3.3 STREET ADDRESS | 18002 CLEAR LAKE DRIVE |
| 3.4 CITY - ST - ZIP | LUTZ, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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)(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:

Debra Higgins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/94

DATE

(813) 968-2942

DAYTIME PHONE #

CR2E037 (12/95)