FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 760134

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

NEW LIFE CHRISTIAN CENTER OF TAMPA, INC.

Principal Place of Business	Mailing Address
109 APRIL LANE	109 APRIL LANE
TAMPA FL 33613	TAMPA FL 33613

Country

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90130 005 ****61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

09/22/1981

59-2347581

4. FEI Number

481242 - 90130 - 5

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, and familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	4	25	29	30				Trust Fund Contribution	n <u> </u>	Added t	o Fees
HIGGINS, DEBRA 18723 GERACI RD. LUTZ FL 33549 82 Street Address (P.O. Box Number is Not Acceptable) 83 Section of Part Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 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 agent. I am familiar with, and accept the obtrigations of, Section 617.0503, Florida Statutes. 81 City FL 85 Zip Code 11. Pursuant to the provisions of Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obtrigations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obtrigations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a purpose and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a purpose and accept the appointment as registered agent. I am familiar with a purpose and accept the accept the appointment as		9. Name and Address of Current Registered Agent						10. Name and Address o	f New Registered	Agent	
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14. I refer certify that the information supplied with this litting does not quality for the excliption stated in Section 113.01(3)(1), Florida Statutes, Florida Certify that the information	14. Thereby 6	l certify that the information	supplied with this filing doe	s not qualify for the	100		d in Sec	tion 119.07(3)(i), Florida St	atutes. I further cer	tify that the ir	nformation

Country

• 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:

IRED .

127/99 813-968-2942

R2E037 (11/98)