FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Morrnam
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 766662

1. Corporation Name

(1)

NEW LIFE DWELLING PLACE, INC.

	3 1 1 1 1 1 1 1 1 1	

Disease Disease						
Principal Place of	Business	Mailing Address				
13133 ST FRANCIS LANE 13133 ST FRANCIS LANE						
P.O. BOX 1126	4 FL 00F00	P.O. BOX 1126 THONOTOSASSA FL 3359	2			
THONOTOSASSA FL 33592		PHOMOTOSASSA FL 33352		3. Date incorporated or Qualified 01/24/1983	3a. Date of Last Report 02/20/1995	
2. Principal Place		2a. Mailing Address		4. FEI Number 59-2274681	Applied For	
21 305 S. Brevard Avenue 26 305 S. Brevard Avenue		<u>rard Avenue</u>	33 2214001	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
27			5 Firsting Compaign Finanting			
City & State	F.	City & State		Election Campaign Financing Trust Fund Contribution	55.00 May Be Added to Fees	
Zip Zip	Country	28 Tampa, FL	Country	8. This corporation has liability for in		
24 33606	25	<u>├</u>	30		Yes No	
24 33000	9. Name and Address of Curren	00000		10. Name and Address of New Re-	gistered Agent	
			81 Name			
BAUER JA	MES F		82 Street A	Oung Gwynne A ddress P.O. Box Number is Not Acceptable	<u> </u>	
	NHOLLY DR		oz Street A	1 Harbor Pl. #500, 777 S. Harbor Isl. Dr.		
VALRICO I			83			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					es Zin Codo	
			84 City 7	ampa	FL 85 Zip Code 33606	
11 Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the phone percel see	paretion cultimite this statement for the nuro	ose of changing its registered office.	
l or regiefored	d agent, or both, in the State of Florid, and accept the obligations of, Sect	da. Such change was authorized	by the corporation sit	soard of directors. I hereby accept the appoi	ntment as registered agent. I am	
•		On 617.0003, Florida Statutes.	Gwynne A.	Young	1/10/96	
SIGNATURE	ignature, typed or proposition name of registered agent		Registered Agent signature rec		DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	P0	DELETE	1.1 TITLE	PO	Change Addition	
NAME	NORMAN, SHEILA		1.2 NAME	•		
STREET ADDRESS	115 N. MACDILL AVE.		1.3 STREET ADDRESS	Leich, Raymond M.	A	
CITY-ST-ZIP	TAMPA FL		14 CITY - ST - ZIP	1304 DeSoto Ave., #30	4	
TIFLE	10	DELETE	2 1 TITLE	Tampa, FL 33606 VP <i>IO</i>	Change Addition	
NAME	TOMA, DANIELLE		2.2 NAME	Feingold, Mark		
STREET ADDRESS	1515 N. WESTSHORE BLVD.		2 3 STREET ADDRESS	3315 Bay Villa Ave.		
CITY-ST-ZIP	TAMPA FL		2 4 CITY - ST - ZIP	Tampa, FL 33611		
TITLE	VD	DELETE	31 TITLE	- Ганіра, гі. ээвті S D	Change Addition	
NAME	CARRILLO, DONNA	_	3.2 NAME	Carrillo, Donna		
STREET ADDRESS	ONE N. DALE MABRY HWY	F1100	33 STREET ADDRESS		v#1100	
CITY-ST-ZIP	TAMPA FL		3.4. CiTY-ST-ZIP	1 North Dale Mabry Hw Tampa, FL 33609	J., #1100	
TITLE	SD	₹DELETE	4.1 TITLE	T:D	Change Addition	
NAME	CORNELIUS, JUDITH		4. 2 NAME	Young, Karen		
STREET ADDRESS	5009 W. NASSAU		4.3 STREET ADDRESS	4945 Bayshore Blvd.		
CITY-ST-ZIP	TAMPA FL		4.4 CITY - ST - ZIP	Tampa, FL 33606		
TITLE	D	▼ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	BAUER, JAMES F	-	5 2 NAME	40000181	7884	
STREET ADDRESS	2723 BRIANHOLLY DR		53 STREET ADDRESS	-05/13/96010	21001	
1	VALRICO FL		54 CITY - ST - ZIP	***70.00	• •	
CITY-ST-ZIP TITLE		DELETE	61 TITLE		Change Addition	
NAME			62 NAME		\V \	
			6 3 STREET ADDRESS		75	
PIDELT ADDOCCO			U U U I I I I I I I I I I I I I I I I I			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY - ST - ZIP			

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(K), Florida Statutes: Furnier 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (813) 251-8080 Dayline Phone #

CR2E037 (12/95)