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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1697

Corporation Name

NEW LIFE WORSHIP CENTER OF SARASOTA INC.

FILED Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90056 002 ***183.75

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444 SOUTHOREEK PRIVE OSPREY FL 30599 2. Principal Floor of Business 2. A Mailing Address 3. Date Incorporated or Qualified O2/29/1994 4. FEI Number Sep 2392 18.1 City & State Signature City & State Signature City & State Signature S	Principal Place	of Business	Mail	ing Address	*		·····					
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Zip Country 29 30 0 Country 6. Election Campaign Financing Address of Durrant Registered Agent 9. Name and Address of Currant Registered Agent 9. Name and Address of New Registered Agent 9. Name Address of New Register		e	J	City & State				5. Certifcate of	Status Desired		T	
9. Name and Address of Currant Registered Agent CARR, RICHARD 464 SOUTHCREEK DRIVE OSPREY FL 34229 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation authinits this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinits this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinits this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinities this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinities this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinities this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinities this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the obligations of, Section 817.0503, Florida Statutes, the above-named corporation authinities this statement for the purpose of changing its registered agent. I am familiar viltu, and accept the appointment as registered agent. I am familiar viltu, and accept the appointment as registered agent. I am familiar viltu, and accept the appointment as registered agent. I am familiar viltu, and accept the appointment as registered agent. I am familiar viltu, and accept the appointment as registered agent. I am familiar viltu, and accept the appointment as registered ag		Country		Zip	Cour	itry	*	6. Election Car	npaign Financing	<u></u>	\$5.00	May Be
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464 SOUTHCREEK DRIVE OSPREY FL 34229 11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or hort, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or a familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CMT/ST.2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. DELETE 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. TREET ADDRESS 13. TREET ADDRESS 14. CMT/ST.2P 14. CMT/ST.2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 29. ADDITIONS					i	81	Name					
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11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or him familiar with, and accept the obligations of, Section 617.0502, Priorda Statutes, Priorda Statu						83	_					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered agent and marked registered agent agent and title if applicable. Signature Typed of printed agent and title if applicable.	OUTHER	2 04220			ŀ	84	City				85 Zip (Code
Agent. I am familiar with, and accept the obligations of, section 617.0903, reformal signature required when reinstating) Signature. Signature. Signature. Signature. Signature. Speed agent and time if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP CARR, RICHARD CARR, RICHARD 12.NAME STREETADORESS 464 SOUTHCREEK DRIVE CARR, DEANNA STREETADORESS AGA SOUTHCREEK DRIVE CARR, DEANNA 22.NAME CARR, DEANNA STREETADORESS CITY-ST-ZIP DD DELETE 21.TITLE CARR, DEANNA 22.NAME 23.STREETADORESS CITY-ST-ZIP DAVIS, FRED 33.STREETADORESS 7356 PALOMINO LANE 33.STREETADORESS 7358 PALOMINO LANE 34.CITY-ST-ZIP DAVIS, FRED 34.CITY-ST-ZIP DELETE 41.TITLE DAVIS, FRED 34.CITY-ST-ZIP ACCTY-ST-ZIP SARSOTA FL D D DELETE 41.TITLE D Change Addition Addition Addition Addition Addition Addition Addition ACTY-ST-ZIP ACTY-ST-ZIP ACTY-ST-ZIP ACTY-ST-ZIP ACTY-ST-ZIP NOKOMIS FL 34275 TITLE D CLARR STREETADORESS TITLE D CLARR ACTY-ST-ZIP NOKOMIS FL 34275 ACCTY-ST-ZIP SARSOTA FL ACTY-ST-ZIP NOKOMIS FL 34235 ACCTY-ST-ZIP SARSOTA FL AGASS ACCTY-ST-ZIP ACCTY-ST-ZIP SARSOTA FL AGASS ACCTY-ST-ZIP ACCTY-ST-ZIP			0 64	7.4E00 Florido Stobulo			named forms	ration cubmits this	statement for the			registered
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Signature, tyraid or printed same of registered agent and tills if applicables. (NOTE: Registered Agents required without required whom reinstating) DAIY	agent. I ai	m familiar with, and accept the obligat	tions of, S	Section 617.0503, Flor	rida Statu	tes.						
12.	SIGNATURE	Signature, typed or printed name of registered agent	nt and title if a	apolicable. (NOTE:	Registered /	Anent s	signature required	when reinstating)	-2171	DATE	<u></u>	
CARR, RICHARD			.,									
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STREET ADDRESS - 6.3 STREET ADDRESS -	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP CARR, RICHARD 464 SOUTHCREEK DRIVE OSPREY FL DST CARR, DEANNA 464 SOUTHCREEK DRIVE OSPREY FL 34229 D DAVIS, FRED 7358 PALOMINO LANE SARSOTA FL D STRINGER, NIKKI 1409 NORTH TAMIAMI TRAIL NOKOMIS FL 34275 D WINKLER, NOR 3660 ROXANNE BLVD.	ID DIREC	DELETE DELETE DELETE	13. 1.1 ITII 12 NAI 1.3 STF 1.4 CIT 2.1 ITII 22 NAI 2.3 STF 2.4 CIT 3.1 ITII 3.2 NAI 3.3 STF 3.4 CIT 5.1 ITII 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.1 TITI 6.1 TITI	LE ME REET A Y-ST-, LE ME REET A TY-ST- LE ME REET A HE ME REET A HE ME REET A Y-ST- LE ME REET A HE REET A	ZIP ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS ADDRESS		CHANGES TO OF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 suppliemental 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/28/99 94/922 8444 Date Daytime Phone #