


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N02326** (9)

1. Corporation Name

NEW LIFE CHURCH OF BREVARD COUNTY, INC.



Principal Place of Business	Mailing Address
C/O PAUL S. DODGE 1905 WESTWOOD BLVD MELBOURNE FL 32901	C/O PAUL S. DODGE 1905 WESTWOOD BLVD MELBOURNE FL 32901

3. Date Incorporated or Qualified	04/02/1984
4. FEI Number	59-2415139
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2214 JOSHUA DR. NE
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Palm Bay, FL
24 Zip	29 32905
25 Country	30 U.S.A.

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
DODGE, PAUL S. 847 ANGLE ST NE 2214 JOSHUA DR. NE PALM BAY FL 32905	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DODGE, PAUL S.
STREET ADDRESS	1288 MEISSEN AVE NW
CITY-ST-ZIP	PALM BAY FL
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	DODGE, BARBARA A.
STREET ADDRESS	1288 MEISSEN AVE NW
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOREHEAD, LYDIA
STREET ADDRESS	847 ANGLE ST NE
CITY-ST-ZIP	PALM BAY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MUNROE, ALLAN
STREET ADDRESS	2214 JOSHUA DR NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VD <input type="checkbox"/> DELETE
NAME	ARMBRUST, JEFF
STREET ADDRESS	179 SAN FILIPPO DR. SE
CITY-ST-ZIP	PALM BAY, FL 32909
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	STD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	615 E. New HAVEN Ave #338
3.4 CITY-ST-ZIP	Melbourne, FL 32901
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 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.

SIGNATURE: *[Signature]* 5/13/98 407-724-9708

CR2E037 (1097)