

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 # **N06716** (7)
1. Corporation Name
NEW LIFE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business Mailing Address
% LARRY LINKOUS
4525 APOLLO ROAD
TITUSVILLE FL 32780

3. Date Incorporated or Qualified **12/19/1984** 3a. Date of Last Report **03/29/1995**
4. FEI Number **59-2554734** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
LINKOUS, LARRY
1403 INDIAN RIVER AVENUE
TITUSVILLE FL 32780
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD LINKOUS, LARRY 1403 INDIAN RIVER AVENUE TITUSVILLE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOUS, LARRY	12 NAME	
STREET ADDRESS	1403 INDIAN RIVER AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	
TITLE	VD LINKOUS, SANDRA 1403 INDIAN RIVER AVENUE TITUSVILLE FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOUS, SANDRA	22 NAME	
STREET ADDRESS	1403 INDIAN RIVER AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	
TITLE	SD RAMSEY, ROY 980 CRISTABOL DRIVE TITUSVILLE FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, ROY	32 NAME	
STREET ADDRESS	980 CRISTABOL DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	
TITLE	VD RAMSEY, JOYCE 980 CRISTIBOL DRIVE TITUSVILLE FL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, JOYCE	42 NAME	
STREET ADDRESS	980 CRISTIBOL DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	
TITLE	TD HICKS, HOLLIS H 4780 BISCYANE DRIVE TITUSVILLE FL	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, HOLLIS H	52 NAME	
STREET ADDRESS	4780 BISCYANE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: **HOLLIS H HICKS** *Hollis H Hicks* 1-31-96 (407) 267-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)