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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31814 1. Corporation Name NEW LIFE SPIRITUAL CENTRE, INC.	(9)
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Principal Place of Business 750 N. THORNTON AVE. SUITE U ORLANDO FL 32803 US	Mailing Address PO BOX 941121 MAITLAND FL 32794-1121
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/20/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0124906	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	

9. Name and Address of Current Registered Agent MARY OAKLEY 400 S. ORLANDO AVE. SUITE U WINTER PARK FL 32789
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10. Name and Address of New Registered Agent 81 Name Karen Giannone 82 Street Address (P.O. Box Number is Not Acceptable) 7732 Sugar Bend DR. 83 84 City Orlando, FL 85 Zip Code 32819

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 is 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 617.0502, Florida Statutes.

SIGNATURE **Karen Giannone, Treasurer** **04/08/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, LILLIAN 3892 CANYON DR. ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OAKLEY, MARY K. 408 LILLIAN DRIVE FERN PARK FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, PAMELA 121 JUDITH WAY DAVENPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBSON, STEVE 109 WINTERWOOD CT. ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERZANSKY, ANN 1077 S. HIAWASSEE, #822 ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTELLA, STEPHANIE 1701 LEE RD., #385-L ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P McDade, Margery A. 5436 Tangerine Ave. Winter Park, Fl. 32792
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Lillian Lambert 2892 Canyon Drive Orlando, Fl. 32822
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T Karen Giannone 7732 Sugar Bend DR. Orlando, Fl. 32819
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Warren Marks 4524 Curry-Ford Road Sta. 231 Orlando, Fl. 32812
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Kathy Meindl 2532 Longpine Lane St. Cloud, Fl. 34772
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Jimmie Roop Sr. 2892 Canyon Drive Orlando, Fl. 32822

14. I do 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 to this filing.

SIGNATURE: **Karen Giannone**

CR2E037 (9/96)