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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31814** (9)
1. Corporation Name
NEW LIFE SPIRITUAL CENTRE, INC.

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	Applied For Not Applicable
4. FEI Number 65-0124906	
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 GIANNONE, KAREN 7732 SUGAR BEND DR ORLANDO FL 32819	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
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LAMBERT, LILLIAN 3892 CANYON DR. ORLANDO FL	1.1 TITLE	S Giannone, Karen
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	7732 Sugar bend Dr
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	S LAMBERT, LILLIAN 2892 CANYON DR ORLANDO FL	2.1 TITLE	T Rhymer, Sharon
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2265 Smiley Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	T GIANNONE, KAREN 7732 SUGAR BEND DR ORLANDO FL	3.1 TITLE	D Deanna Favorite
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	486 Picwood Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	D HOBSON, STEVE 109 WINTERWOOD CT. ORLANDO FL	4.1 TITLE	D Velma Haylett
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	620 Mockingbird Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D MEINDL, KATHY 2532 LONGPINE LN ST CLOUD FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ROOP, JIMMIE SR 2892 CANYON DR ORLANDO FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sharon Rhymer* 2-6-98 4075393995

CP2E037 (10/97)