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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31814**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

04/20/1989

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

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 **SHEILA TITTLE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**430 E. PACKWOOD AVE H105**  
83  
84 City **MAITLAND** FL 85 Zip Code **32751**

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 *Sheila Tittle*  
Signature, typed or printed name of registered agent and title if applicable.

*Pres./Treasurer*  
(NOTE: Registered Agent signature required when reinstating)

*4/9/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GIANNONE, KAREN	
STREET ADDRESS	7732 SUGAR BEND DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RHYMER, SHARON	
STREET ADDRESS	2265 SMILEY AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAVORITE, DEANNA	
STREET ADDRESS	486 PICWOOD CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYLETT, VELMA	
STREET ADDRESS	620 MOCKINGBIRD LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEILA TITTLE	
1.3 STREET ADDRESS	430 E. PACKWOOD AVE. APT H105	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ENIO CARVALHO	
2.3 STREET ADDRESS	518 LAKEVIEW CT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32828	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REV. LILLIAN LAMBERT	
3.3 STREET ADDRESS	2892 CANYON DR.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32822	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WARREN MARIS	
4.3 STREET ADDRESS	4524 CURRY FORD RD #231	
4.4 CITY-ST-ZIP	ORLANDO, FL 32812	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOYCE EVANS	
5.3 STREET ADDRESS	2217 GRAYSON DR.	
5.4 CITY-ST-ZIP	ORLANDO, FL 32817	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JIM ROOPE	
6.3 STREET ADDRESS	2892 CANYON DR.	
6.4 CITY-ST-ZIP	ORLANDO FL 32822	

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, with all other like empowered

SIGNATURE: *Sheila Tittle* **SIGNATURE REQUIRED** *Pres./Treas. 4/9/99 622-2665*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)