


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 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 # **N37613** (9)
1. Corporation Name
NEW WORLD PRESBYTERIAN CHURCH, INC.



Principal Place of Business 10202 VANDERBILT DR NAPLES FL 34108 US	Mailing Address C/O REV. SAMUEL ORRIN SEWELL 10202 VANDERBILT DR NAPLES FL 34108 US
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3. Date Incorporated or Qualified 04/10/1990	
4. FEI Number 65-0187321	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent
**SEWELL, SAMUEL ORRIN REV.
10202 VANDERBILT DR
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TONER, SHARON R
STREET ADDRESS	769 103RD AVE N
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEWELL, SAMUEL REV.
STREET ADDRESS	10202 VANDERBILT DR
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEWELL, BUNNY REVE
STREET ADDRESS	10202 VANDERBILT DR
CITY-ST-ZIP	NAPLES FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BRODERSEN, THOMAS A
STREET ADDRESS	27180 RICHVIEW CT
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	D <input type="checkbox"/> DELETE
NAME	LOIS C DANIALS
STREET ADDRESS	2455 PINWOODS CR
CITY-ST-ZIP	NAPLES FL 33942
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLIPS, NAOMI
STREET ADDRESS	10202 VANDERBILT DR
CITY-ST-ZIP	NAPLES FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RESIGNED
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T NAOMI PHILLIPS IS NOW "T"
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 _____ DATE _____

CR2E037 (10/97)