

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:53

DOCUMENT # N41819 (6)

1. Corporation Name

NEW LIFE CHRISTIAN CENTER OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

1050 DERBYSHIRE ROAD
PO BOX 251130
HOLLY HILL FL 32125
US

1050 DERBYSHIRE ROAD
P.O. BOX 251130
HOLLY HILL FL 32125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1991** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3039203** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESLEY, WARREN J
837 PELICAN BAY DR
DAYTONA BEACH FL 32119**

81 Name **ROBERT M. PRIDGEN**

82 Street Address (P.O. Box Number is Not Acceptable) **114 WESTWOOD DRIVE**

83

84 City **DAYTONA BEACH, FL** 85 Zip Code **32119**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Robert M. Pridden*

(NOTE: Registered Agent signature required when reconstituting)

3/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PRESLEY, WARREN J**
STREET ADDRESS **837 PELICAN BAY DR**
CITY - ST - ZIP **DAYTONA BEACH FL**

1.1 TITLE **PD** Change Addition
1.2 NAME **PRIDGEN, ROBERT M**
1.3 STREET ADDRESS **114 WESTWOOD DRIVE**
1.4 CITY - ST - ZIP **DAYTONA BEACH, FL 32119**

TITLE **TD**
NAME **HATLEY, RALPH**
STREET ADDRESS **313 SUNSET AVE**
CITY - ST - ZIP **HOLLY HILL FL**

2.1 TITLE **TD** Change Addition
2.2 NAME **AUDRE SPRAGUE**
2.3 STREET ADDRESS **480 EMMETT DRIVE**
2.4 CITY - ST - ZIP **ORMOND BEACH, FL 32074**

TITLE **D**
NAME **ZAMBINO, JOE**
STREET ADDRESS **740 HAWKS RIDGE RD**
CITY - ST - ZIP **PORT ORANGE FL**

3.1 TITLE **D** Change Addition
3.2 NAME **RALPH HATLEY**
3.3 STREET ADDRESS **313 SUNSET AVE.**
3.4 CITY - ST - ZIP **HOLLY HILL, FL 32117**

TITLE **V**
NAME **BASS, GEORGE**
STREET ADDRESS **603 TIMBERWOLF TRAIL**
CITY - ST - ZIP **APOPKA FL**

4.1 TITLE **D** Change Addition
4.2 NAME **BRYAN KING**
4.3 STREET ADDRESS **1152 GINSBERG**
4.4 CITY - ST - ZIP **DAYTONA BEACH, FL 32114**

TITLE **D**
NAME **KING, BRYAN**
STREET ADDRESS **1152 GINSBERG**
CITY - ST - ZIP **DAYTONA BCH FL**

5.1 TITLE **V** Change Addition
5.2 NAME **CLIFTON SMITH**
5.3 STREET ADDRESS **1150 PEBBLE BEACH CT.**
5.4 CITY - ST - ZIP **APOPKA, FL 32712**

TITLE **D**
NAME **BROWN, J.H.**
STREET ADDRESS **100 CIRCLING WOOD COURT**
CITY - ST - ZIP **DAYTONA BEACH FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 017, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Pridden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/95 (901) 2535127