

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
01/28/1991

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIDGEN, ROBERT M.  
114 WESTWOOD DR  
DAYTONA BEACH FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 PD ☐ DELETE  
NAME PRIDGEN, ROBERT M.  
STREET ADDRESS 114 WESTWOOD DR.  
CITY-ST-ZIP DAYTONA BEACH FL 32119

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME SPRAGUE, AUDRE  
STREET ADDRESS 460 EANETTE DR  
CITY-ST-ZIP ORMOND BEACH FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HATLEY, RALPH  
STREET ADDRESS 313 SUNSET AVE  
CITY-ST-ZIP HOLLY HILL FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME KING, BRYAN  
STREET ADDRESS 1152 GINSBERG  
CITY-ST-ZIP DAYTONA BEACH FL 32117

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME CLIFTON SMITH  
STREET ADDRESS 1150 PEBBLE BEACH CT  
CITY-ST-ZIP APOPKA FL 32712

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. PRIDGEN

Date

Daytime Phone #

4/24/96 (904)253-5127

CR2E037 (12/95)