.W: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAY -1 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43234 (6)

1. Corporation Name

NEW LIFE DWELLING PLACE AUXILIARY, INC.

Principal Place of Business	Mailing Address
13133 ST. FRANCIS LANE THONOTOSASSA FL 33592	13133 ST. FRANCIS LANE THONOTOSASSA FL 33592

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-3071039 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1126
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Thonotosassa, FL
Zip 24 — Country 25	Zip 29 33592 — Country 30 Hillsborough

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

9. Name and Address of Current Registered Agent

LINDNER, ELIZABETH
5247 PINE STREET
SEFFNER FL 33584

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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: Elizabeth Lindner — DATE: 04-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	11 TITLE ☐ Change ☐ Addition
NAME	LINDNER, ELIZABETH	12 NAME
STREET ADDRESS	5247 PINE ST.	13 STREET ADDRESS — 300001492233
CITY-ST-ZIP	SEFFNER FL	14 CITY-ST-ZIP — -05/17/95--01166--014
TITLE	DV	21 TITLE ☐ Change ☐ Addition — *****61.25 *****61.25
NAME	BODO, CAROLYN	22 NAME
STREET ADDRESS	2820 KIMBERLY	23 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP
TITLE	DT	31 TITLE ☐ Change ☐ Addition
NAME	DANIELS, ELIZABETH	32 NAME
STREET ADDRESS	404 BLANCA AVE.	33 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP
TITLE	DS	41 TITLE ☐ Change ☐ Addition
NAME	FREDDO, MARY ELLEN	42 NAME
STREET ADDRESS	2506 HIGH OAKS	43 STREET ADDRESS
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP
TITLE	DM	51 TITLE ☐ Change ☐ Addition
NAME	HOLFELDER, LAWRENCE A.	52 NAME
STREET ADDRESS	3709 W. HAMILTON #1	53 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition — TAW 5-1-95
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

14. I 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: Elizabeth E. Lindner, President — 04-28-95 — (813) 986-5456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #