

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44431 (7)
 1. Corporation Name
NEW LIFE MISSIONARY BAPTIST CHURCH OF DAYTONA BEACH, INC.



Principal Place of Business 1625 DERBYSHIRE RD HOLLY HILL FL 32117 US	Mailing Address 1625 DERBYSHIRE RD HOLLYHILL FL 32117-1305 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/22/1991	3a. Date of Last Report 05/01/1996
21	2b	4. FEI Number 59-3080595	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GOODEN, VICTOR E.
1022 ALICE DRIVE
DAYTONA BEACH FL 32117

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		DELETED
TITLE	D	<input type="checkbox"/>
NAME	WIGGINS, LILLIE	
STREET ADDRESS	1029 IMPERIAL DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/>
NAME	SINGLETON, MAMIE	
STREET ADDRESS	1654 WIMBERLY CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	VD	<input type="checkbox"/>
NAME	HOLMES, JR., BENJAMIN	
STREET ADDRESS	1805 STOCKING ST	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	BRADLEY, THEODORE	
STREET ADDRESS	758 WHITE STREET	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	PD	<input type="checkbox"/>
NAME	GOODEN, VICTOR	
STREET ADDRESS	1022 ALICE DRIVE	
CITY-ST-ZIP	DAYTONA BCH FL 32117	
TITLE	D	<input type="checkbox"/>
NAME	SPELL, JOHN	
STREET ADDRESS	541 COLFAX DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *Victor E. Gooden* **Victor E. Gooden** **7/11/97**

CR2E037 (9/96)