

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 03 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/22/1991 | |
| 4. FEI Number 59-3080595 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**GOODEN, VICTOR E.
1022 ALICE DRIVE
DAYTONA BEACH FL 32117**

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 | WIGGINS, LILLIE | |
| STREET ADDRESS | 1029 IMPERIAL DRIVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SINGLETON, MAMIE | |
| STREET ADDRESS | 1854 WIMBERLY CIRCLE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32117 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HOLMES, JR., BENJAMIN | |
| STREET ADDRESS | 1605 STOCKING ST | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRADLEY, THEODORE | |
| STREET ADDRESS | 758 WHITE STREET | |
| CITY-ST-ZIP | DAYTONA BCH FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GOODEN, VICTOR | |
| STREET ADDRESS | 1022 ALICE DRIVE | |
| CITY-ST-ZIP | DAYTONA BCH FL 32117 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SPELL, JOHN | |
| STREET ADDRESS | 541 COLFAX DRIVE | |
| CITY-ST-ZIP | DAYTONA BEACH 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 613 Williamsburg Drive |
| 5.4 CITY-ST-ZIP | Daytona Beach, FL 32117 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 400002547924 |
| 6.3 STREET ADDRESS | -06/04/98--01070--048 |
| 6.4 CITY-ST-ZIP | ***61.25 |

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: *Paul W. ...* / *Victor E. Gooden* 3/9/98 677-4307

CR2E037 (10/97)