

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50943 (2)

1. Corporation Name

NEW LIFE CHURCH GROWTH MINISTRIES, INC.



Principal Place of Business

34631 ORCHID PARKWAY
RIDGE MANOR FL 33525

Mailing Address

34631 ORCHID PARKWAY
RIDGE MANOR FL 33525

3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3151124

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

SIMS, ROSE G.
34631 ORCHID PARKWAY
RIDGE MANOR FL 33525

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 ☐ DELETE

NAME
PT
SIMS, JAMES E. SR.
STREET ADDRESS
34631 ORCHID PARKWAY
CITY-ST-ZIP
RIDGE MANOR FL

TITLE ☐ DELETE

NAME
VPS
SIMS, ROSE GRINDHEIM
STREET ADDRESS
34631 ORCHID PARKWAY
CITY-ST-ZIP
RIDGE MANOR FL

TITLE ☒ DELETE

NAME
TR
CONRAD, MARY ELIZABETH
STREET ADDRESS
29336 FAIRVIEW ROAD
CITY-ST-ZIP
LEBANON OR

TITLE ☐ DELETE

NAME
T
MOFFITT, H D
STREET ADDRESS
US 301 N., PO BOX 685
CITY-ST-ZIP
BUSHNELL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

4/8/96 (352) 583-3358
Date Daytime Phone

CR2E037 (12/95)

4-15-96