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Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33523-88623. Date Incorporated or Qualified
09/22/19923a. Date of Last Report
04/15/19964. FEI Number
59-3151124Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

33523

Country

24. Zip

25. Country

29. Zip

33523

30. Country

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 PT
NAME SIMS, JAMES E. SR.
STREET ADDRESS 34631 ORCHID PARKWAY
CITY-ST-ZIP RIDGE MANOR FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPS
NAME SIMS, ROSE GRINDHEIM
STREET ADDRESS 34631 ORCHID PARKWAY
CITY-ST-ZIP RIDGE MANOR FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T
NAME GIFFEN, LORRAINE
STREET ADDRESS 3241 TULIP ST.
CITY-ST-ZIP DADE CITY FL 335253.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T
NAME MOFFITT, H D
STREET ADDRESS US 301 N., PO BOX 685
CITY-ST-ZIP BUSHNELL FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
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: X James E. Sims SR 2/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045560

CR2E037 (9/96)