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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N92000000999 (4)**

1. Corporation Name

**NEW LIFE IN CHRIST CHRISTIAN CHURCH, INC.**



Principal Place of Business

Mailing Address

**6225 NORWOOD AVE.  
JACKSONVILLE FL 32208  
US**

**6225 NORWOOD AVE.  
JACKSONVILLE FL 32208-4408  
US**

3. Date Incorporated or Qualified  
**12/30/1992**

3a. Date of Last Report  
**03/12/1996**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINFREY, IVORY L  
2844 JUSTINA RD  
JACKSONVILLE FL 32211**

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

*Ivory L. Winfrey*

**PD**

**3/22/97**

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 **PD** ☐ DELETE  
NAME **WINFREY, IVORY L**  
STREET ADDRESS **2844 JUSTINA RD**  
CITY - ST - ZIP **JACKSONVILLE FL 32211**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE  
NAME **WRIGHT, RICKEY S**  
STREET ADDRESS **1350 HARRISON RD**  
CITY - ST - ZIP **JACKSONVILLE FL 32206**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **LEWIS, RICKY**  
2.3 STREET ADDRESS **6946 Alana Rd.**  
2.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32211**

TITLE **TD** ☒ DELETE  
NAME **CURRY, ALBERTA S**  
STREET ADDRESS **5791 UNIVERSITY CLUB N APT 1601**  
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **RANDOLPH, WANDA**  
3.3 STREET ADDRESS **6226 BARNES RD. #64**  
3.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32216**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*Ivory L. Winfrey*  
**IVORY L. WINFREY, JR. PRESIDENT**

**3/22/97 904-764-0220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*0000000

CR2E037 (9/96)