

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000263 (3)**

1. Corporation Name

NEW CITY FELLOWSHIP OF ORLANDO, INC.

Principal Place of Business

1208 DEER RUN DR
WINTER SPRINGS FL 32708

Mailing Address

1208 DEER RUN DR
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report

N/A

4. FEI Number
59-3213981

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

2. Principal Place of Business

21 **2415 Lauderdale Ct.**

2a. Mailing Address

26 **PO Box 948091**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Orlando, FL**

27 City & State

28 **Haitland, FL**

24 Zip

32805

Country

25 **USA**

29 Zip

29 **32794-8091**

Country

30 **USA**

9. Name and Address of Current Registered Agent

SHAW, DAVID
1208 DEER RUN DR
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

Lianne Bennett

82 Street Address (P.O. Box Number is Not Acceptable)

2415 Lauderdale Ct.

83

84 City

Orlando

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Lianne Bennett

Lianne Bennett

2/1/95

Signature, full or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CHRISTIAN, JOHN**
STREET ADDRESS **850 HART AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DV**
NAME **CHURCHWELL, ZAN**
STREET ADDRESS **540 OLYMPIC VILLAGE #2**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **DST**
NAME **SHAW, DAVID**
STREET ADDRESS **1208 DEER RUN DR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary** Change Addition
1.2 NAME **Lianne Bennett**
1.3 STREET ADDRESS **2415 Lauderdale Ct.**
1.4 CITY-ST-ZIP **Orlando, FL 32805**

2.1 TITLE **Treasurer** Change Addition
2.2 NAME **Chris Rooker**
2.3 STREET ADDRESS **1164 Plantation Cove**
2.4 CITY-ST-ZIP **Orlando, FL 32810**

3.1 TITLE **Asst. Treasurer** Change Addition
3.2 NAME **Susan Scarborough**
3.3 STREET ADDRESS **744 Innsbruck Dr**
3.4 CITY-ST-ZIP **Orlando, FL 32825**

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Lianne Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lianne Bennett

2/1/95

904-789-5514

(Title)

(Telephone #)