

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 # N94000000263 (3)

1. Corporation Name

NEW CITY FELLOWSHIP OF ORLANDO, INC.



Principal Place of Business

2415 LAUDERDALE CT.
ORLANDO FL 32805

Mailing Address

P.O. BOX 948091
MAITLAND FL 32794-8091

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21 **4033 W Oak Ridge Rd**

2a. Mailing Address

26 **PO Box 560176**

4. FEI Number
59-3213981

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 **Orlando, FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **Orlando FL**

City & State

28 **Orlando, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

24 **32839** 25 **ORANGE**

Zip Country

29 **32856-976** 30 **ORANGE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BENNETT, LIANNE
2415 LAUDERDALE CT.
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

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 officer 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 *Lianne Bennett*, **Lianne Bennett, Secretary and DST**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE **S** ☐ DELETE
NAME **BENNETT, LIANNE**
STREET ADDRESS **2415 LAUDERDALE CT.**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **T** ☒ DELETE
NAME **ROOKER, CHRIS**
STREET ADDRESS **4164 PLANTATION COVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **AT** ☐ DELETE
NAME **SCARBOROUGH, SUSAN**
STREET ADDRESS **744 INNSBRUCK DR.**
CITY-ST-ZIP **ORLANDO FL 32825**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **DV** ☒ Change ☒ Addition
2.2 NAME **Imbuni Makuku**
2.3 STREET ADDRESS **4575 Kirkman Rd #3**
2.4 CITY-ST-ZIP **Orlando, FL 32811**

3.1 TITLE **DST + S** ☒ Change ☐ Addition
3.2 NAME **Bennett Lianne**
3.3 STREET ADDRESS **2415 Lauderdale Ct**
3.4 CITY-ST-ZIP **Orlando, FL 32805**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME **Susan Scarborough**
4.3 STREET ADDRESS **744 Innsbruck**
4.4 CITY-ST-ZIP **Orlando, FL 32825**

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

1-18-96

407-841-3821

Date

Daytime Phone #

CR2E037 (12/95)