E NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000558 (6)

1. Corporation Name
NEW LIFE TABERNACLE OF PRAISE & DELIVERANCE CENT ER INC.

Principal Place of Business	Mailing Address
5000 WASHINGTON ST. ORLANDO FL 32811	5000 WASHINGTON ST. ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:
4. FEI Number: 59-3227062 ☐ 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. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FISHER, BISHOP D
5005 CUTLER S.T
ORLANDO FL 32811

10. Name and Address of New Registered Agent

31 Name: fisher, Bishop Daisy
32 Street Address (P.O. Box Number is Not Acceptable): 1917 N. Bowers dr.
33
34 City: Orlando FL 35 Zip Code: 32835.

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	Secretary ☑ Change ☐ Addition
NAME	QUINN, LISA	12 NAME	Carlotta M. Lamb
STREET ADDRESS	%5000 WASHINGTON ST.	13 STREET ADDRESS	519 John St.
CITY-ST-ZIP	ORLANDO FL 32811	14 CITY-ST-ZIP	Orlando Fl 32811
TITLE	T	21 TITLE	Trustee ☐ Change ☑ Addition
NAME	FISHER, WILMA	22 NAME	Minnie Dozier
STREET ADDRESS	%5000 WASHINGTON ST.	23 STREET ADDRESS	3627 Eccelton St.
CITY-ST-ZIP	ORLANDO FL 32811	24 CITY-ST-ZIP	Orlando Fla. 32811
TITLE		31 TITLE	Trustee ☐ Change ☑ Addition
NAME		32 NAME	Phillip R. Williams
STREET ADDRESS		33 STREET ADDRESS	519 John St.
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando Fl 32811
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	400001473[illegible] ☐ Change ☐ Addition
NAME		52 NAME	-05/03/95--01054--018
STREET ADDRESS		53 STREET ADDRESS	****155.00 ****155.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Bishop Daisy M. Fisher 4/95 (407) 295-2117
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR4V1R