


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 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 # N94000000558 (6) 1. Corporation Name NEW LIFE TABERNACLE OF PRAISE & DELIVERANCE CENT ER INC.			
Principal Place of Business 5447 EUGENA ST. ORLANDO FL 32811		Mailing Address 5447 EUGENA ST. ORLANDO FL 32811-3910	
2. Principal Place of Business 21 5000 Washington ST. Suite, Apt. #, etc. 22 City & State 23 Orlando, Fla. Zip Country 24 32811 25 Orange		2a. Mailing Address 26 5000 Washington ST. Suite, Apt. #, etc. 27 City & State 28 Orlando Fla. Zip Country 29 32811 30 Orange	
3. Date Incorporated or Qualified 02/04/1994		3a. Date of Last Report 11/04/1996	
4. FEI Number 59-3227762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FISHER, DAISY M BISHOP 6114 JENNINGS RD. ORLANDO FL 32808		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STREET ADDRESS CITY-ST-ZIP	S LAMB, CARLOTTA M 519 JOHN STREET ORLANDO FL 32811 <input type="checkbox"/> DELETE	1.1 TITLE Church Reporter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, WILMA %5000 WASHINGTON ST. ORLANDO FL 32811 <input type="checkbox"/> DELETE	1.2 NAME Angie Tolbert	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNIE DOZIER 3627 ECCERTON ST ORLANDO FL 32811 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS 1515 Rhonda CT. Orlando Fla. 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIP R. WILLIAMS 519 JOHN ST. ORLANDO FL 32811 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Orlando Fla. 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE Asst. Pastor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME Micheal Wilson	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 5447 Eugena Ct.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Orlando Fla. 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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: Bishop Daisy M. Fisher		3-24-97 407-295-2117	

CP2E037 (9/96)