

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90072 021 ****61.25

DOCUMENT # N94000000558

1. Corporation Name

**NEW LIFE TABERNACLE OF PRAISE & DELIVERANCE CENT
ER INC.**

Principal Place of Business

**4203 COUNTRY CLUB DRIVE
ORLANDO FL 32811
US**

Mailing Address

**4203 COUNTRY CLUB DRIVE
ORLANDO FL 32811
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number

59-3227762

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

9. Name and Address of Current Registered Agent

**FISHER, DAISY
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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

S

**LAMB, CARLOTTA M
519 JOHN STREET
ORLANDO FL 32811**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

**FISHER, WILMA
5005 CUTLER ST.
ORLANDO FL 32811**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

UT

**DOZIER, MINNIE
5481 EUGENIA CT
ORLANDO FL 32811**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

**WILLIAMS, ALMA
614 JENNINGS RD.
ORLANDO FL 32808**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

**FISHER, DAISY
6114 JENNINGS
ORLANDO FL 32808**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

**PETERSON, MINNIE L
1354 AVALON RD
WINTER GARDEN FL 32811**

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

DAISY FISHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 407-295-2117

CR2E037 (11/98)