SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT CORPORATION ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N94000004105 (2)

NEW LIFE MINISTRIES OF INDIAN RIVER COUNTY, FLOR IDA, INCORPORATED

Principal Place of Business	Mailing Address
180 8TH AVENUE	180 8TH AVENUE



rincipal riac	e di busilless	Mailing Address					
180 8TH AVENUE VERO BEACH FL 32962		180 8TH AVENUE VERO BEACH FL 32962					
					3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 08/10/1995	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
1 26				<b>65-0535389</b> Not		Not Applicable	
27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country 25				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  Yes  Yes  Yes  Yes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
1/1 ====	7/ 1010 1		8	Name			
KLETTY, LINDA J 180 8TH AVENUE				Street Add	dress (P.O. Box Number is Not Acceptable	9)	
VERO	BEACH FL 32962		8:	3			
			84	4 City		FL 85 Zip Code	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was a	authorized by	y the corpora	poration submits this statement for the put ation's board of directors. I hereby accept I	pose of changing its registered he appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen				uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE			Change Addition	
NAME	FEDICK, LANCE		1.2 NAME				
STREET ADDRESS	is 145 21ST AVENUE		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962		1.4 CITY - S				
TITLE	VD	DELETE	2.1 TETLE			Change Addition	
NAME	LEWIS, MABEN 1925 45TH AVENUE		2 2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32966		2 4 CITY	-ST-ZIP			
TITLE	D	DELETE	3 1 TITLE			Change Addition	
NAME	KLETTY, RICHARD		3.2 NAM6				
STREET ADDRESS	180 8TH AVENUE		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962		3 4. CITY				
TITLE	ST CTTV INDA I	DELETE	4.1 TITLE			Change Addition	
NAME	KLETTY, LINDA J		4 2 NAM	E			
STREET ADORESS	180 8TH AVENUE		43 STRE	et address			
CITY-ST-ZIP	VERO BEACH FL 32962		4.4 CITY - ST - ZIP				
TITLE	ST STORY MADEN	DELETE	51 TITLE			Change Addition	
NAME	FEDICK, KAREN		52 NAME				
STREET ADDRESS	145 21ST AVENUE		53 STRE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962	······································	5.4 CiTY				
TITLE	I I I I I I I I I I I I I I I I I I I	DELETE	61 TITLE	1		Change Addition	
NAME	LEWIS, PAM		6.2 NAM	1			
STREET ADDRESS	1925 45TH AVE		63 STRE	et address			
CITY - ST - ZIP	VERO BEACH FL		64 CITY				
					ialify for the exemption stated in Section 1° a and accurate and that my signature shall		

made under oath, that I am an office 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 of Block 13 if chapter 6 or or an attachment with an address.

SIGNATURE:

521-527-5326 Daytime Phone #