FILE 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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004324 (9)

1. Corporation Name

NEW LIFE COMMUNITY HOLINESS DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
2002 E. 15TH AVE. TAMPA FL 33605	2002 E. 15TH AVE. TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3122556 ☐ 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 — 21 | 2a. Mailing Address — 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

SLEDGE, RUBEN ELDER
2002 E. 15TH AVE.
TAMPA FL 33605

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 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	DP	11 TITLE	President	☐ Change ☐ Addition
NAME	SLEDGE, RUBEN	12 NAME	Elder Ruben Sledge	
STREET ADDRESS	2002 E. 15TH AVE.	13 STREET ADDRESS	2002 E. 15th Avenue	
CITY-ST-ZIP	TAMPA FL 33605	14 CITY-ST-ZIP	Tampa, Florida 33605	
TITLE	DV	21 TITLE	Vice President	☐ Change ☐ Addition
NAME	ANDERSON, DANIEL	22 NAME	Daniel Anderson	
STREET ADDRESS	2002 E. 15TH AVE.	23 STREET ADDRESS	2002 E. 15th Avneue	
CITY-ST-ZIP	TAMPA FL 33605	24 CITY-ST-ZIP	Tampa, Florida 33605	
TITLE	D	31 TITLE	Secretary/Finance	☐ Change ☒ Addition
NAME	WRIGHT, ALBERT	32 NAME	Beverly Mack	
STREET ADDRESS	2002 E. 15TH AVE.	33 STREET ADDRESS	2002 E. 15th Avenue	
CITY-ST-ZIP	TAMPA FL 33605	34 CITY-ST-ZIP	Tampa, Florida 33605	
TITLE	D	41 TITLE	Trustee	☐ Change ☐ Addition
NAME	SLEDGE, BEVERLY	42 NAME	Albert Wright	
STREET ADDRESS	2002 E. 15TH AVE.	43 STREET ADDRESS	2002 E. 15th Avenue	
CITY-ST-ZIP	TAMPA FL 33605	44 CITY-ST-ZIP	Tampa, Florida 33605	
TITLE	D	51 TITLE	Trustee	☐ Change ☒ Addition
NAME	MARSHALL, PATRICIA	52 NAME	Emanuel Bacon	
STREET ADDRESS	2002 E. 15TH AVE.	53 STREET ADDRESS	2002 E. 15th Avenue	
CITY-ST-ZIP	TAMPA FL 33605	54 CITY-ST-ZIP	Tampa, Florida 33605	
TITLE	D	61 TITLE	Trustee	☐ Change ☐ Addition
NAME	ANDERSON, SHARON N	62 NAME	Beverly Sledge	
STREET ADDRESS	2002 E. 15TH AVE.	63 STREET ADDRESS	2002 E. 15th Avenue	
CITY-ST-ZIP	TAMPA FL 33605	64 CITY-ST-ZIP	Tampa, Florida 33605	

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: Ruben Sledge, Ruben Sledge 04/18/95 904-247-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013140