

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000002913 (0)**

1. Corporation Name

NEW AND LIVING WAY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 680705
ORLANDO FL 32868-0705

P.O. BOX 680705
ORLANDO FL 32868-0705

3. Date Incorporated or Qualified

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **5838 Hutton Drive**

26 **P.O. Box 680705**

4. FEI Number

Applied For

59-3324168

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Orlando, FL**

28 **Orlando, FL**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24 Zip

25 Country

29 Zip

30 Country

32808

USA

32868

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELANEY, MICHAEL P
5838 HUTTON DRIVE
ORLANDO FL 32808**

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 617.0502, Florida Statutes.

SIGNATURE

Michael P. Delaney

(NOTE: Registered Agent signature required when reinstating)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DELANEY, MICHAEL P**
STREET ADDRESS **5838 HUTTON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **DELANEY, WINSOME J**
STREET ADDRESS **5838 HUTTON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

1.2 NAME

TITLE **D** ☐ DELETE
NAME **LOVERIDGE, PHIL**
STREET ADDRESS **5261 SIGNAL HILL RD**
CITY-ST-ZIP **ORLANDO FL 32808**

1.3 STREET ADDRESS

TITLE **D** ☐ DELETE
NAME **BARLOW, DON**
STREET ADDRESS **1828 LOCKWOOD ST.**
CITY-ST-ZIP **ORLANDO, FL 32812**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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

Michael P. Delaney

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407) 578-5062

Date Daytime Phone #

CR2E037 (12/95)