

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**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90194 046 \*\*\*\*61.25

DOCUMENT # N96000002366

1. Corporation Name

NEW LIFE GOSPEL PRODUCTIONS, INC.

Principal Place of Business

610 NW 186TH  
MIAMI FL 33169-4460

Mailing Address

P.O. BOX 693125  
MIAMI FL 33269-0125



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0662246

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BETHEL, GLYNIS  
610 NW 186TH STREET  
MIAMI FL 33169-4460

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TR  
NAME HUTCHINS, BARRETT O  
STREET ADDRESS 6800 NW 28TH AVENUE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Orlando A. Bethel  
610 NW 186th  
Miami, FL 33169

☐ Change ☒ Addition

TITLE VSD  
NAME BETHEL, GLYNIS  
STREET ADDRESS 610 NW 186TH ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME HUTCHINS, BARRETT O  
STREET ADDRESS 6800 NW 28TH AVE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME LOPEZ, GEORGE  
STREET ADDRESS 2401 OLEANDER DR  
CITY-ST-ZIP MIRAMAR FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BREWARD, GLORIA J  
STREET ADDRESS 11 NW 117 STREET  
CITY-ST-ZIP MIAMI FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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:

Orlando A. Bethel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (305) 651-9955  
Date Daytime Phone #

CR2E037 (1/98)