Applied For

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **N9600005735**

NEW LIFE CHRISTIAN MINISTRIES OF NORTH FLORIDA. INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

4251 SW 13TH ST SUITE 2B

P O BOX 142842

2a. Mailing Address

Suite, Apt. #, etc.

26

GAINESVILLE FL 32608

Suite, Apt. #, etc.

GAINESVILLE FL 32614-2842

## FILED Jun 10, 1999 8:00 am § Secretary of State

06-10-1999 90022 008 \*\*\*\*70.00

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3. Date Incorporated or Qualifed

11/06/1996

4. FEI Number

22		27				59-3408901		Not	Applicable	
City & State	9	City & State				E. C. Missau of Status Desired		\$8.75 Ac	Iditional	
23		28				5. Certifcate of Status Desired		Fee Req	uired	
Zip	Country Zip		Co	Country		6. Election Campaign Financing		\$5.00 N	lay Be	
24	25	25 29 30				Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
HINSON, J M					82 Street Address (P.O. Box Number is Not Acceptable)					
8900 NW 136 AVE ROAD OCALA FL 34482					Officer Address	50 (1.30. Box (tallies) to 11.11.11.11.11.11.11.11.11.11.11.11.11.				
				83						
OCABATE	. 04102			84	Cit.			85 Zip Co	ode	
				64	City		FL	103 2.00		
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Flori	da Statutes, the a	bove	-named corpo	ration submits this statement for the	purpose of	changing its r	egistered	
office or n	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such chan	de was authorize	ועסים	tne corporation	n's board of directors. I hereby acce	pt the appoi	itment as regi	stered	
	in raminar with, and accept the obliga	audita di, Geodoli di I.	occo, i ionida ota						ļ	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Registere	d Agen	t signature required	when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR		
TITLE	PD DELETE			1.1 TITLE				Change	Addition	
NAME.	HINSON, J M			1.2 NAME						
STREET ADDRESS	8900 NW 136 AVE ROAD		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	OCALA FL 34482		1.4 0	TY-\$1	r-ziP					
TITLE	D DELETE			2.1 TITLE				☐ Change	☐ Addition	
NAME	GILLIGAN, TIMOTHY L		2.21	IAME	ĺ					
STREET ADDRESS	11051 SW 186 CIRCLE		2.3 5	TREET	ADDRESS				ļ	
CITY-ST-ZIP	DUNNELLON FL 34432		2.4	CITY-S	T-ZIP					
TITLE	SD		ELETE 3.1 T	ME				Change	Addition	
NAME	HINSON, CYNDI A		3.21	IAME					ĺ	
STREET ADDRESS	8900 NW 136 AVE ROAD		3.3 5	TREET	ADDRESS					
CITY-ST-ZIP	OCALA FL 34482		3.4.	CITY-S	T-ZIP					
TITLE			ELETE 4.11	ITLE				☐ Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3 8	TREET	ADDRESS					
CITY-ST-ZIP			4.4 (	ITY-S1	T-ZIP					
TITLE			DELETE 511	ITLE				Change	☐ Addition }	
NAME			5.21	AME					Ì	
STREET ADDRESS			5.3 5	TREET	ADDRESS					
CITY-ST-ZIP			5.4 (	CITY-ST	T-ZIP					
TITLE			ELETE 6.1	TITLE				Change	☐ Addition	
NAME			6.21	AME						
STREET ADDRESS			6.3 3	STREET	ADDRESS					
CITY-ST-ZIP			6.4 (	CITY-ST	T-ZIP					
O111-01-21	l					nation 110 07/3\/i\ Florida Statutes	I further cor	tifu that the in	formation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 additional statutes.

SIGNATURE: