

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006484 (7)

1. Corporation Name

NEW LIFE FAMILY CHURCH IN CHRIST, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1514
DADE CITY FL 33526-1514

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DADE CITY FL 33526-1514

FILED

97 NOV 13 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1996 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWARD, SAUNDRA
38740 11TH STREET
ZEPHYRHILLS FL 33540

Address
change

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	85. Zip Code
	14419 Delmar St.	DADE CITY	FL	33525

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	P	1.1 TITLE	Rose Pulley President
NAME	MILLER, DOMETA	1.2 NAME	37225 GOLDENROD CRT
STREET ADDRESS	38740 11TH STREET	1.3 STREET ADDRESS	DADE CITY FL 33523
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Terry L. McCendon VPP
NAME	PULLEY, ROSE	2.2 NAME	14419 Delmar St.
STREET ADDRESS	37225 GOLDENROD CRT.	2.3 STREET ADDRESS	DADE CITY, FL 33525
CITY-ST-ZIP	DADE CITY FL 33523	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	REDMON, JESSIE	3.2 NAME	
STREET ADDRESS	14828 11TH STREET	3.3 STREET ADDRESS	000002347500--7
CITY-ST-ZIP	DADE CITY FL 33523	3.4 CITY-ST-ZIP	-11/14/97--01065--012
TITLE	S	4.1 TITLE	*****61.25 *****61.25
NAME	MCCLENDON, JESSE B	4.2 NAME	
STREET ADDRESS	14419 DELMAR STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33523	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: 11/18/97 1352518-5687

9-13-97 1352518-5687

CR2E037 (4/97)