

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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

FILED

98 DEC -9 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

POST OFFICE BOX 1514
DADE CITY FL 33526-1514

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

APPLIED FOR S9-3491695

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 13824 BY PASS 98

26 Post Office Box 1514

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

DADE CITY FL

DADE CITY FL

24 Zip

25 Country

29 Zip

30 Country

33525

PASCO

33526-1514

PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWARD, SAUNDRA
14419 DELMAR ST.
DADE CITY FL 33525

81 Name

SAUNDRA COWARD

82 Street Address (P.O. Box Number is Not Acceptable)

~~205 S.E. 16th Ave. Airt. 7-F~~

83

205 S.E. 16th Ave. Airt. 7-F

84 City

TAMPA GAINESVILLE FL

85 Zip Code

33602

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

SAUNDRA COWARD

5/3/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PULLEY, ROSE
STREET ADDRESS 37225 GOLDENROD COURT
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ DELETE

NAME PULLEY, ROSE
STREET ADDRESS 37225 GOLDENROD CRT.
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ DELETE

NAME REDMON, JESSIE
STREET ADDRESS 14828 11TH STREET
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☒ DELETE

NAME MCCLENDON, TERRY L
STREET ADDRESS 14419 DELMAR STREET
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Jesse B. McCleendon, Sr.
1.3 STREET ADDRESS 14419 DELMAR ST.
1.4 CITY-ST-ZIP DADE CITY, FL 33525

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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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

AD

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.

SIGNATURE:

Jesse B. McCleendon, Sr.

S-3-98 352-518-5681

Date

Daytime Phone # 0046513

CR2E037 (10/97)