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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90036 023 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000006484**

1. Corporation Name

**NEW LIFE FAMILY CHURCH IN CHRIST, INC.**

Principal Place of Business

13824 BY PASS 98  
DADE CITY FL 33525

Mailing Address

PO BOX 1514  
DADE CITY FL 33526-1514

3 2 4 3 7 9  
324379 - 90036 - 23



2. Principal Place of Business

21 13834 98 BYPASS ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

59-3491695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COWARD, SAUNDRA  
205 S.E. 16TH AVE.  
APT 7-F  
GAINESVILLE FL 32602

*Changed*

10. Name and Address of New Registered Agent

81 Name

DOMETA MILLER

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

38740 11th Avenue

83

84 City

ZEPHYRHILLS

FL

85 Zip Code  
33540

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]*

4/5/99

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 PT ☐ DELETE  
NAME MCCLENDON, JESSE B  
STREET ADDRESS 14419 DELMAR ST.  
CITY-ST-ZIP DADE CITY FL 33525

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VPT ☒ Change ☐ Addition  
2.2 NAME SAUNDRA COWARD  
2.3 STREET ADDRESS 20716 Wormack Road  
2.4 CITY-ST-ZIP Dade City, FL 33525

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

4.1 TITLE ST ☐ Change ☒ Addition  
4.2 NAME FREDDIE REED  
4.3 STREET ADDRESS 37304 Mocerri Avenue  
4.4 CITY-ST-ZIP Dade City, FL 33525

5.1 TITLE TT ☐ Change ☒ Addition  
5.2 NAME FREEMAN D. MCCLENDON  
5.3 STREET ADDRESS 37225 Goldenrod St  
5.4 CITY-ST-ZIP Dade City, FL 33523 Apt. #108

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*[Signature]* SAUNDRA COWARD / 4/7/99 (352) 523-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #