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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001290 (2)
1. Corporation Name

NEW INTERNATIONAL INTERFAITH CHURCH, INC.



Principal Place of Business: 914 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401
Mailing Address: 914 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

650733949

Applied For
 Not Applicable

2. Principal Place of Business
21 Sulte, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Sulte, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESHIRE, MCKINLEY M.D.
914 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD CHESHIRE, MCKINLEY M.D., VTD CHESHIRE, M. BRENNAN PH.D., and SD CHESHIRE, ERIC C J.D.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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:

Signature area with handwritten text

1-31-98 6554111

CR2E037 (10/97)