FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700002599

NEW LIFE CHRISTIAN FELLOWSHIP INTERNATIONAL OF J ACKSONVILLE, INC.

Principal Place of Business 2701 HODGES BLVD. JACKSONVILLE FL 32224

2. Principal Place of Business

Mailing Address

2701 HODGES BLVD. JACKSONVILLE FL 32224

2a. Mailing Address

Apr 28, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

05/05/1997

21					05/05/1997					
Suite, /vpt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Ap	olied For		
22		27	_		59-3446246		No	Applicable		
City & Stat	re .	City & State			5. Certificate of Status Desired		\$8.75 <i>£</i> Fee Re	I		
Zip	Country	Zip	Country	<i>y</i>	6. Election Campaign Financing		\$5.00	May Be		
24	25	29	30		Trust =und Contribution	, _□	Added t			
	9. Name and Address of Current	Registered Agent	· · · · · ·	<u> </u>	10. Name and Address of New	Register	ed Agent			
*			81	Name						
SMITH HL	JLSEY & BUSEY		82	82 Street Address (P.O. Box Number is Not Acceptable)						
	ER ST., STE. 1800									
	VILLE FL 32202		83							
			84	City		F	85 Zip C	ode		
-11 -	to the provisions of Sections 617.0502	and 647 1509. Florido Statu	too the show	o named care	oration submite this statement for th			registered		
11. Pursuant	egistered agent, or both, in the State of	and 617.1508, Florida Statu f Florida, Such change was a	authorized by	the corporation	on's board of directors. I hereby acc	ept the ap	pointment as req	istered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, F	orida Statutes	s. ,						
SIGNATURE								}		
	Signature, typed or printed name of registered agent			nt signature recuire	d when reinstating ADDITI ONS/CHANGES TO O	DATE	AND DIRECTO	2S IN 12		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	TICERS	Change	Addition		
TITLE	DP	☐ DELETE	1.1 TITLE				ononge			
NAME	ZINK, PAUL D		1.2 NAME							
STREET ADDRESS			1.3 STREE	T ADDRESS						
CITY-ST-ZIP	PONTE VERDE BCH FL 32082		1.4 C/TY-5	ST-ZIP						
TITLE	DST	☐ DELETE	2.1 TITLE				Change	Addition		
NAME .	ZINK, SHARON		2.2 NAME							
STREET ADDRESS	205 N WIND CT		2.3 STREE	TADDRESS						
CITY-ST-ZIP	PONTE VERDE BCH FL 32082		2.4 CITY-	ST-ZIP				CO Addition		
TITLE	DV	☐ DELETE	3.1 TITLE				Change	Addition		
NAME	ZINK, JAMES C		3.2 NAME							
STREET ADORESS	1817 SPICEBERRY CIR E		3.3 STREE	T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32246		3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME			4. 2 NAME	:						
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-8	ST- ZIP						
TITLE		DELETE	5.1 TITLE				☐ Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS			-6-3_STREE	ET ADDRESS				ĺ		
CITY-ST-ZIP	}		6.4 CITY-	ST-ZIP						
14. I herety	certify that the information supplied with	this filing does not qualify for			Section 119.07(3)(i), Florida Statutes	. I further	certify that the in	formation		

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

NING OFFICER OR DIRECTOR James Zink

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