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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006287 (3)**

1. Corporation Name

NEW LIFE EVANGELISTIC FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

**401 EXECUTIVE CENTER DRIVE #E203
WEST PALM BEACH FL 33401-2923**

**401 EXECUTIVE CENTER DRIVE #E203
WEST PALM BEACH FL 33401-2923**



3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

*** 65-0800448**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATFORD, ROBERT
401 EXECUTIVE CENTER DRIVE #E203
WEST PALM BEACH FL 33401-2923**

81 Name

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

83

84 City

FL

85

Zip Code

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

ROBERT WATFORD

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

(NOTE: Registered Agent signature required when reinstating)

Roll Watford

4/30/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WATFORD, ROBERT**
STREET ADDRESS **401 EXECUTIVE CENTER DR #E203**
CITY-ST-ZIP **WEST PALM BEACH FL 33401-2923**

1.1 TITLE **TREASURER** ☐ Change ☒ Addition
1.2 NAME **DONAWAY, ELOIS**
1.3 STREET ADDRESS **4235 WAVERLY DRIVE**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **VD** ☐ DELETE
NAME **DONAWAY, CURTIS**
STREET ADDRESS **4235 WAVERLY DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

2.1 TITLE **ASST. TREASURER** ☐ Change ☒ Addition
2.2 NAME **WATFORD, MARY C.**
2.3 STREET ADDRESS **401 EXECUTIVE CENTER DR #E203**
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **SD** ☐ DELETE
NAME **MOORE, DOROTHEA**
STREET ADDRESS **1414 SOUTH "J" ST**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **TD** ☒ DELETE
NAME **LOWE, SHELBY**
STREET ADDRESS **207 E TIFFANY DRIVE #3**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

ROBERT WATFORD

Roll Watford

4/30/98

561-689-6321

CP2E037 (10/97)