


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90030 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006287					
1. Corporation Name NEW LIFE EVANGELISTIC FELLOWSHIP, INC.					
Principal Place of Business 401 EXECUTIVE CENTER DRIVE #E203 WEST PALM BEACH FL 33401-2923			Mailing Address 401 EXECUTIVE CENTER DRIVE #E203 WEST PALM BEACH FL 33401-2923		

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2. Principal Place of Business 21 4319 Northshore Drive Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, Fla. Zip 24 33409		2a. Mailing Address 26 216 Elaine Circle East Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, Fla. Zip 29 33409		3. Date Incorporated or Qualified 11/05/1997 4. FEI Number 65-0800448	
25 Palm Beach		30 Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WATFORD, ROBERT 401 EXECUTIVE CENTER DRIVE #E203 WEST PALM BEACH FL 33401-2923				10. Name and Address of New Registered Agent 81 Name Robert Watford 82 Street Address (P.O. Box Number is Not Acceptable) 216 Elaine Circle East 83 West Palm Beach 84 City FL 85 Zip Code 33409	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME WATFORD, ROBERT STREET ADDRESS 401 EXECUTIVE CENTER DR #E203 CITY-ST-ZIP WEST PALM BEACH FL 33401-2923			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Watford, Robert 1.3 STREET ADDRESS 216 Elaine Circle East 1.4 CITY-ST-ZIP West Palm Beach, Fla. 33409		
TITLE VD <input type="checkbox"/> DELETE NAME DONAWAY, CURTIS STREET ADDRESS 4235 WAVERLY DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33407			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE NAME MOORE, DOROTHEA STREET ADDRESS 1414 SOUTH 'J' ST CITY-ST-ZIP LAKE WORTH FL 33460			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE T <input type="checkbox"/> DELETE NAME DONAWAY, ELOIS STREET ADDRESS 4235 WAVERLY DR CITY-ST-ZIP WEST PALM BEACH FL 33407			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE AT <input type="checkbox"/> DELETE NAME WATFORD, MARY C STREET ADDRESS 401 EXECUTIVE CENTER DR E203 CITY-ST-ZIP W PALM BCH FL 33401			5.1 TITLE AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Watford, Mary C 5.3 STREET ADDRESS 216 Elaine Circle East 5.4 CITY-ST-ZIP West Palm Beach, Fla. 33409		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
 Date

689-6321 Home
 Daytime Phone #

CR2E037 (11/98)