


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90124 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000758					
1. Corporation Name NEW FREEDOM WORSHIP CENTER, INC.					
Principal Place of Business WEST TAMPA CONVENTION CENTER 3005 WEST COLUMBUS DRIVE TAMPA FL 33607			Mailing Address P.O. BOX 272085 TAMPA FL 33688-2085		



2. Principal Place of Business 21 1419 W. Waters Ave.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/10/1998	
Suite, Apt. #, etc. 22 Suite 111		Suite, Apt. #, etc. 27		4. FEI Number 59-3491826	
City & State 23 Tampa, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 33614 25 USA		Zip Country 29 30		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 AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, DANILO SR.		1.2 NAME	Gutierrez, Danilo SR.	
STREET ADDRESS	3005 WEST COLUMBUS DRIVE		1.3 STREET ADDRESS	15013 Redcliff DR.	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, FRANCES B		2.2 NAME	Gutierrez, Frances B.	
STREET ADDRESS	3005 WEST COLUMBUS DRIVE		2.3 STREET ADDRESS	15013 Redcliff DR.	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBY, MAMIE G		3.2 NAME	Roberson, Inez S.	
STREET ADDRESS	3005 WEST COLUMBUS DRIVE		3.3 STREET ADDRESS	9703 Martha Rd.	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Steven E. Stickley	
STREET ADDRESS			4.3 STREET ADDRESS	4433 West Pintor Place	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TAMPA, FL 33616	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Catherine L. Kyger	
STREET ADDRESS			5.3 STREET ADDRESS	6001 N. Himes St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 lines empowered.

SIGNATURE: *Daniilo Gutierrez SR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (813) 963-2424

CR2E037 (11/98)