

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90006 009 \*\*\*\*61.25

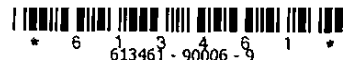
**DOCUMENT # N98000002544**

Corporation Name

**NEW RESURRECTION PENTECOSTAL MINISTRIES, INC.**

Principal Place of Business  
3 NW 15 PLACE  
POMPANO BEACH FL 33060

Mailing Address  
83 NW 15 PLACE  
POMPANO BEACH FL 33060



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/01/1998</b>	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	
City & State		27 City & State		Applied For	
Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
30		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HALL, WILLIE</b> <b>3151 NW 16TH STREET</b> <b>FT. LAUDERDALE FL 33311</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

I, 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	
LE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	HALL, WILLIE	1.2 NAME	
REET ADDRESS	3151 NW 16 STREET	1.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
LE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HALL, ALBERTA	2.2 NAME	
REET ADDRESS	3151 NW 16 STREET	2.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
LE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	SCOTT, BEVERLY	3.2 NAME	
REET ADDRESS	2217 SW 5TH PLACE	3.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL 33312	3.4 CITY-ST-ZIP	
LE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	FENCHER, LEOLA	4.2 NAME	
REET ADDRESS	1146 NW 3RD AVENUE	4.3 STREET ADDRESS	
Y-ST-ZIP	FT. LAUDERDALE FL 33311	4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Willie Hall* 9-4-99 (54) 495-5703

0002854

CR2E037 (5/99)