

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90066 026 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000007109

1. Corporation Name

NEW THOUGHT FAMILY FELLOWSHIP, INC.

Principal Place of Business

2713 WISTERIA PL
SARASOTA FL 34239

Mailing Address

2713 WISTERIA PL
SARASOTA FL 34239



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/17/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0809224

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGINNESS, W. LEE
1800 SECOND ST
SUITE 971
SARASOTA FL 34236**

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Nelleke Knarr Teall
STREET ADDRESS		1.3 STREET ADDRESS	708 68th Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Bradenton FL 34207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Secretary Michael T. Frantz
STREET ADDRESS		2.3 STREET ADDRESS	2713 Wisteria Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Treasurer Rebecca Anne Hale
STREET ADDRESS		3.3 STREET ADDRESS	2713 Wisteria Place
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director Bernard Kautz
STREET ADDRESS		4.3 STREET ADDRESS	731 Canal Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director Lawrie Rosin Marcus
STREET ADDRESS		5.3 STREET ADDRESS	1736 Hawthorne St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Director Stephen Seaburg
STREET ADDRESS		6.3 STREET ADDRESS	2515 Rose St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota FL 34239

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 REQUIRED

Rebecca Anne Hale

5-16-99

(941) 954-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)