

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-22-1999 90046 008 ***150.00

DOCUMENT # P94000027607

1. Corporation Name

NEW LIFE CHRISTIAN COUNSELING CENTER, INC.

Principal Place of Business

1101 N LAKE DESTINY DR
SUITE 110
MAITLAND FL 32751
US

Mailing Address

1101 N LAKE DESTINY DRIVE
SUITE 110
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

59-3240347

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 405 WAYMONT COURT

Suite, Apt. #, etc.

22 SUITE III

City & State

23 LAKE MARY FL

Zip

24 32746

Country

25 USA

2a. Mailing Address

26 405 WAYMONT COURT

Suite, Apt. #, etc.

27 SUITE III

City & State

28 LAKE MARY FL

Zip

29 32746

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CAMPBELL, BRIAN M
1101 N LAKE DESTINY DRIVE
SUITE 110
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

405 WAYMONT COURT

83 SUITE III

84 City

LAKE MARY

FL

85 Zip Code

32746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

BRIAN CAMPBELL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME CAMPBELL, CLAIRE

STREET ADDRESS 1101 N LAKE DESTINY DR SUITE 110

CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME CAMPBELL, BRIAN M.

STREET ADDRESS 1101 N LAKE DESTINY DRIVE

CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 405 WAYMONT COURT SUITE III

1.4 CITY-ST-ZIP LAKE MARY FL 32746

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 405 WAYMONT COURT SUITE III

2.4 CITY-ST-ZIP LAKE MARY FL 32746

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, 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:

Brian Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRIAN CAMPBELL

3-16-99

Date

407 322 6868

Daytime Phone #

CR2E034 (11/98)

008639