


FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001493 (6)
1. Corporation Name
NEW LIFE MINISTRIES CHURCH OF THE LIVING GOD, IN C.



Principal Place of Business 2487 N.W. 21ST STREET FORT LAUDERDALE FL 33311	Mailing Address 4040 N.E. 6TH AVENUE POMPANO BEACH FL 33064-4336
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3. Date incorporated or Qualified 03/31/1993	3a. Date of Last Report 01/29/1996
4. FEI Number 65-0405145	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent
**MILLER, CURTIS T
4040 N.E. 6TH AVENUE
POMPANO BEACH FL 33064**

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

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: Curtis T Miller Pastor (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, CURTIS T	
STREET ADDRESS	4040 NE 6TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, FAYE	
STREET ADDRESS	4040 NE 6TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REID, ALICE D	
STREET ADDRESS	10910 NW 14TH AVE	
CITY - ST - ZIP	MIAMI FL 33167	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAINES, JEANETTE L	
STREET ADDRESS	5979 NW 29TH ST	
CITY - ST - ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, ROBBIE	
STREET ADDRESS	2240 NW 23RD LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, SALLY	
STREET ADDRESS	3019 NW H CT	
CITY - ST - ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCES THIGPEN	
1.3 STREET ADDRESS	5957 NW 24 TERR	
1.4 CITY - ST - ZIP	PARKLAND FL 33067	
2.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALTONSO SMITH	
2.3 STREET ADDRESS	4170 NW 21 AVE APT J201	
2.4 CITY - ST - ZIP	FT LAUD FL 33309	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REID ALICE D	
3.3 STREET ADDRESS	10910 NW 14 AVE	
3.4 CITY - ST - ZIP	MIAMI FL 33167	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Curtis T Miller Pastor DATE: 4-27-97 DAYTIME PHONE: 355-0152

CFR2037 (9/96)