

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).

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90013 023 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N93000001493** ✓

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/31/1993

22 City & State

27 City & State

4. FEI Number  
 65-0405145

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, CURTIS T  
 4040 N.E. 6TH AVENUE  
 POMPANO BEACH FL 33064

81 Name **Curtis T Miller**

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

83 **4040 NE 6 AVE**

84 City **POMPANO BEACH**

FL 85 Zip Code **33064**

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* **Curtis T Miller** **Pastor**

8-23-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD MILLER, CURTIS T**  
 STREET ADDRESS **4040 NE 6TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D MILLER, FAYE**  
 STREET ADDRESS **4040 NE 6TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D THIGPEN, FRANCES**  
 STREET ADDRESS **5967 NW 74 TERR**  
 CITY-ST-ZIP **PARKLAND FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **SD GAINES, JEANETTE L**  
 STREET ADDRESS **5979 NW 29TH ST**  
 CITY-ST-ZIP **SUNRISE FL 33313**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D KELLY, ROBBIE**  
 STREET ADDRESS **2240 NW 23RD LANE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **TD SMITH, ALPHONSO**  
 STREET ADDRESS **4170 NW 21 AVE, APT J201**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with an other like empowered.

SIGNATURE: *Curtis T Miller* **CURTIS T MILLER** **Curtis T Miller**

8-23-99 (954) 735-0256

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 CR2E037 (5/99)