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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004212 (7)

1. Corporation Name

NEW LIFE CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
1109 SE 7TH ST. OKEECHOBEE FL 34974 US	PO BOX 534 OKEECHOBEE FL 34973

3. Date Incorporated or Qualified: 09/17/1993

4. FEI Number: 59-3202331 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LAMB, CHARLES E.		1.2 NAME	LAMB, CHARLES E	
STREET ADDRESS	316 KENT RD.		1.3 STREET ADDRESS	3617 SW 13TH. TERR	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	OKEECHOBEE, FL., 34974	
TITLE	DT	☐ DELETE	2.1 TITLE	DT	☑ Change ☐ Addition
NAME	LAMB, SHIRLEY		2.2 NAME	LAMB, SHIRLEY	
STREET ADDRESS	316 KENT RD.		2.3 STREET ADDRESS	3617 SW 13 th. TERR.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	OKEECHOBEE, FL., 34974	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	LAMB, JOHN LINDSAY		3.2 NAME	LAMB, JOHN LINDSAY	
STREET ADDRESS	141 FERNERY RD., STE. 27		3.3 STREET ADDRESS	1509 SAN DIEGO DRIVE	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	DUNEDIN, FL., 34698	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: C. E. Lamb. CHARLES E. LAMB. 3-4-1998 (941)467 0123