

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **717958** (3)

1. Corporation Name

BELIZE NEW LIFE MINISTRIES, INC.



Principal Place of Business

Mailing Address

**221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH FL 32937**

**221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH FL 32937**

3. Date Incorporated or Qualified
01/27/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
23-7099434

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLAISTED, LORETTA
221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH FL 32937**

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

TITLE ☐ DELETE
NAME **D PLAISTED, LORETTA**
STREET ADDRESS **221 TIMPOOCHEE DRIVE**
CITY-STATE-ZIP **INDIAN HARBOR BCH FL**

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

TITLE ☐ DELETE
NAME **D BORDER, GEORGE**
STREET ADDRESS **517 FORDS MERE RD**
CITY-STATE-ZIP **CHESAPEAKE MD**

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

TITLE ☒ DELETE
NAME **D SNODERLY, GAIL**
STREET ADDRESS **P O BOX 566 N/A**
CITY-STATE-ZIP **GROESBEEK TX**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Snoderly, Gail**
3.3 STREET ADDRESS **204 Kentucky Ave. S.**
3.4 CITY-STATE-ZIP **Parsons, TN. 38363**

TITLE ☒ DELETE
NAME **V SARVER, RANDY**
STREET ADDRESS **2615 COLCORD**
CITY-STATE-ZIP **WACO TX**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Sarver, Randy**
4.3 STREET ADDRESS **Box 59, Punta Gorda, Toledo**
4.4 CITY-STATE-ZIP **Belize, Central America**

TITLE ☒ DELETE
NAME **P SNODURLY, FOREST S**
STREET ADDRESS **P O BOX 566 N/A**
CITY-STATE-ZIP **GROESBEEK TX**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Price, Forest Snoderly**
5.3 STREET ADDRESS **204 Kentucky Ave. S.**
5.4 CITY-STATE-ZIP **Parsons, TN. 38363**

TITLE ☒ DELETE
NAME **S SARVER, JANICE**
STREET ADDRESS **2615 COLCORD**
CITY-STATE-ZIP **WACO TX**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Sarver, Janice**
6.3 STREET ADDRESS **Box 59, Punta Gorda, Toledo**
6.4 CITY-STATE-ZIP **Belize, Central America**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Loretta Plaisted* *Loretta Plaisted* Feb. 13, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)