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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH FL 32937

Mailing Address

221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH FL 32937-3510



3. Date Incorporated or Qualified
01/27/1970

3a. Date of Last Report
02/19/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

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

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

TITLE D ☐ DELETE
NAME SNODERLY, GAIL
STREET ADDRESS 204 KENTUCKY AVENUE SOUTH
CITY - ST - ZIP PARSONS,

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

TITLE V ☐ DELETE
NAME SARVER, RANDY
STREET ADDRESS BOX 59 PUNTA GORDA, TOLEDO
CITY - ST - ZIP VELIZE CE

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

TITLE P ☐ DELETE
NAME PRICE, FOREST SNODERL
STREET ADDRESS 204 KENTUCKY AVENUE SOUTH
CITY - ST - ZIP PARSONS TN

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

TITLE S ☐ DELETE
NAME SARVER, JANICE
STREET ADDRESS BOX 59, PUNTA GORDA, TELED
CITY - ST - ZIP BELIZE CE

6.1 TITLE ☐ Change ☐ 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)(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: Loretta Plaisted Loretta Plaisted Feb. 25, 1997-407-777-8138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016679

CR2E037 (9/96)