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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 01/27/1970
4. FEI Number 23-7099434
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PLAISTED, LORETTA
221 TIMPOOCHEE DRIVE
INDIAN HARBOR BEACH FL 32937**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Loretta Plaisted Loretta Plaisted Feb. 23, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D PLAISTED, LORETTA
STREET ADDRESS	221 TIMPOOCHEE DRIVE
CITY - ST - ZIP	INDIAN HARBOR BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BORDER, GEORGE
STREET ADDRESS	517 FORDS MERE RD
CITY - ST - ZIP	CHESAPEAKE MD
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SNODERLY, GAIL
STREET ADDRESS	204 KENTUCKY AVENUE SOUTH
CITY - ST - ZIP	PARSONS ,
TITLE	<input type="checkbox"/> DELETE
NAME	V SARVER, RANDY
STREET ADDRESS	BOX 59 PUNTA GORDA, TOLEDO
CITY - ST - ZIP	VELIZE CE
TITLE	<input type="checkbox"/> DELETE
NAME	P PRICE, FOREST SNODERL
STREET ADDRESS	204 KENTUCKY AVENUE SOUTH
CITY - ST - ZIP	PARSONS TN
TITLE	<input type="checkbox"/> DELETE
NAME	S SARVER, JANICE
STREET ADDRESS	BOX 59, PUNTA GORDA, TELED
CITY - ST - ZIP	BELIZE CE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4720 N. 19th St.
4.3 STREET ADDRESS	Waco, TX. 76708
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	4720 N. 19th St.
6.3 STREET ADDRESS	Waco, TX. 76708
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.

SIGNATURE: [Signature] Feb. 18, 1998 254 7532436

CR2E037 (10/97)