1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000003273

1. Corporation Name

NEW LIFE WORLD OUTREACH MINISTRIES, INC.

FILED Mar 09, 1999 8:00 am \$ Secretary of State

03-09-1999 90127 033 ****61.25

Principal Place of Business Mailing Address							
901 N.W. 129TH AVEBLDG.7.RM.711 901 N.W. 129TH AVEBLD PEMBROKE PINES FL 33028 PEMBROKE PINES FL 330							
		To some Address			2 Date Incorporated or Queliford		
	face of Business	2a. Mailing Address	22	/ ~	3. Date Incorporated or Qualifed 06/05/1998		
21		26 17630 SW.	<u> </u>	<u>51.</u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For Applied For Not Applied For		
22		27					
City & State	e	City & State	FL		5. Certificate of Status Desired \$8.75 Additional Fee Required		
23							
Zip	Country	Zip	Coun	5.	6. Election Campaign Financing \$5.00 May Be		
24	25	_ 	30 U	<u></u>	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent		
 	9. Name and Address of Current	Registerea Agent		1 Name	14. Mains and Addiess of these tradistation when		
}				. I tallie			
PATTERSON, NATHANIEL F PASTOR 17630 S.W. 32ND. ST.			1	82 Street Address (P.O. Box Number is Not Acceptable)			
			18	33			
MIRAMAR	FL 33029						
				City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ove-named	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was at lons of, Section 617.0503, Flor	ida Statut	es.	oration's board of directors. Thereby accept the appointment as registered		
	101 1115 41	erson F.	Nath		L Patterson F. Pastor 2-19-99		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	, - 0	,	required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE -T		▼ DELETE	1.1 TITL	T/D	✓ Change Add		
NAME	Corollyd Gibson Ti		1.2 NAM	ε '	Isaac Smith		
STREET ADDRESS	5461 NW 181 Terr.		13 STR	EET ADDRESS	725 NE. 178 Terri		
CITY-ST-ZIP	Mia. FL. 33055		1.4 CITY	-ST-ZIP	North Mia. Beach FL. 33162		
TITLE 5.		DELETE	2.1 TITL	5/D	☑Change ☐Add		
NAME J	Ruth Rodgers		2.2 NAM		Maureen Stephen		
STREET ADDRESS	6910 MW. 1795T AF	π. 1/2	2.3 STR	EET ADORESS	4131 Stirling RD. Apt 203		
CITY-ST-ZIP	Min. FL 33015		2. 4 CIT	Y-ST-ZIP	Ft. Lauderdale FL. 33314		
TITLE 10	- 0	DELETE	3.1 TITL	E	Change Add		
NAME	I destrict to a	Herson Libertie	3.2 NAM	E	• • •		
STREET ADDRESS	17630 SW 32 ST.		3.3 STR	EET ADDRESS	·		
CITY-ST-ZIP		029	3.4. CIT	Y-ST-ZIP			
TITLE V/D		☐ DELETE	4.1 TITL	E	Change Add		
NAME V/D	Cassandra Patt	terson	4. 2 NA	Æ.			
STREET ADDRESS	17630 5W 32 ST	•	4.3 STR	EET ADORESS			
CITY-ST-ZIP	MIRAMAR FL 330	029	4.4 CITY	-ST-ZIP			
TITLE	1	☐ DELETE	5.1 TTTL		☐ Change ☐ Ado		
NAME			5.2 NAW	ie			
STREET ADDRESS			5.3 STR	EET ADORESS			
OTTLET ADDRESS	1		5.4 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 all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

Change

Addition