

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003273

FILED
Feb 16, 2004
Secretary of State

Entity Name: NEW LIFE WORLD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

6734 PEMBROKE RD
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

6734 PEMBROKE RD
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 65-0845173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, NATHANIEL F PASTOR
17630 S.W. 32ND. ST.
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATTERSON, NATHANIEL F
Address: 17630 SW 32ND ST
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: PATTERSON, CASSANDRA
Address: 17630 SW 32ND ST
City-St-Zip: MIRAMAR, FL 33029

Title: TD () Delete
Name: SMITH, ISAAC
Address: 725 NE 178 TERR
City-St-Zip: N. MIAMI BCH, FL 33162

Title: SD () Delete
Name: HAMILTON, SANDRA
Address: 17990 NW 22 CT
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC SMITH

TD

02/16/2004

Electronic Signature of Signing Officer or Director

Date