

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N19000002510

**Apr 30, 2024**

**Entity Name:** ANEW LIFE INTERNATIONAL, INC

**Secretary of State  
3129250390CC**

**Current Principal Place of Business:**

1555 N HARBOR CITY BLVD  
MELBOURNE, FL 32935

**Current Mailing Address:**

870 N. MIRAMAR AVE,  
#823  
INDIALANTIC, FL 32903 US

**FEI Number:** 83-3974196

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KUREY, KYM S  
870 N MIRAMAR AVE  
#823  
INDIALANTIC, FL 32903 US

*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

**Officer/Director Detail :**

Title P  
Name KUREY, KYM  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title VP, TREASURER  
Name LAW-HAMPER, LAUREN  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name TERRELL, SANDRA  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name COMBS, TANGI  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name HENRY, GUY  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title SECRETARY  
Name ROJAS, MARCELA  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name BELL, DWIGHT  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name SCARAMUCCI, JOSEPH  
Address 870 N. MIRAMAR AVE,  
#823  
City-State-Zip: INDIALANTIC FL 32903

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*I hereby 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 all other like empowered.*

**SIGNATURE:** KYM KUREY

**PRESIDENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PURVIS, LANORA  
Address        870 N. MIRAMAR AVE,  
                  #823  
City-State-Zip:  INDIALANTIC FL 32903

Title           DIRECTOR  
Name           STEELE, TRENT  
Address        870 N. MIRAMAR AVE,  
                  #823  
City-State-Zip:  INDIALANTIC FL 32903