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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	Mailing Address
221 TIMPOOCHEE DRIVE INDIAN HARBOR BEACH FL 32937	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

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLAISTED, LORETTA		1.2 NAME	
STREET ADDRESS	221 TIMPOOCHEE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BORDER, GEORGE		2.2 NAME	
STREET ADDRESS	517 FORDS MERE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE MD		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SNODERLY, GAIL		3.2 NAME	
STREET ADDRESS	204 KENTUCKY AVENUE SOUTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	PARSONS ,		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SARVER, RANDY		4.2 NAME	
STREET ADDRESS	BOX 59 PUNTA GORDA, TOLEDO		4.3 STREET ADDRESS	
CITY-ST-ZIP	VELIZE CE		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, FOREST SNODERL		5.2 NAME	
STREET ADDRESS	204 KENTUCKY AVENUE SOUTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	PARSONS TN		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SARVER, JANICE		6.2 NAME	
STREET ADDRESS	BOX 59, PUNTA GORDA, TELEDO		6.3 STREET ADDRESS	
CITY-ST-ZIP	BELIZE CE		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 7eb. 25, 1997 407-777-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019679