

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719687

(6)

1. Corporation Name

THE NEW LIFE FOUNDATION, INC.



Principal Place of Business

Mailing Address

TUDOR OFFICE BLDG  
14277 WALSINGHAM RD  
LARGO FL 34644  
US

IRENE TUDOR, EXEC SEC  
14277 WALSINGHAM RD  
LARGO FL 34644  
US

3. Date Incorporated or Qualified

11/16/1970

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7135093

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

10. Name and Address of New Registered Agent

KRIPPENDORF, DONALD D C  
14277 WALSINGHAM RD  
11945 143RD STREET  
LARGO FL 34644

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
HAMILTON, WALTER MD  
STREET ADDRESS  
15801 REDINGTON DRIVE  
CITY-ST-ZIP  
REDINGTON BEACH FL 33708

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
HOLLAND, GARY MD  
STREET ADDRESS  
10758 BARDES COURT  
CITY-ST-ZIP  
LARGO FL 34647

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
KRIPPENDORF, DONALD DC  
STREET ADDRESS  
4641 PARK STREET N  
CITY-ST-ZIP  
ST PETERSBURG FL 33709

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
GROUPE, VINCENT PHD  
STREET ADDRESS  
11945 N 143RD STREET #7202  
CITY-ST-ZIP  
LARGO FL 34644

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
RAWLINGS, JOSEPH M  
STREET ADDRESS  
723 S OREGON AVE  
CITY-ST-ZIP  
TAMPA FL 33606

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
D  
NAGEY, RO  
STREET ADDRESS  
300 CEDAR LANE  
CITY-ST-ZIP  
LARGO FL 34640

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Vincent Groupe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 26 1996*  
Date

Daytime Phone #

CR2E037 (12/95)