

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 016 ****61.25

DOCUMENT # 719687

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



2. Principal Place of Business

2a. Mailing Address

21 **HAMILTON OFFICE BLDG**

26 **AMELIA HAMILTON, EXEC SEC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **6474 1ST AVE N**

27 **15801 REDINGTON DRIVE**

23 **ST. PETERSBURG, FL.**

28 **REDINGTON BEACH, FL.**

24 **33710** 25 **USA**

29 **33708** 30 **USA**

3. Date Incorporated or Qualified

11/16/1970

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

9. Name and Address of Current Registered Agent

KRIPPENDORF, DONALD D C
14277 WALSINGHAM RD
11945 143RD STREET
LARGO FL 33774

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **DAVID D**
STREET ADDRESS **14277 WALSINGHAM RD**
CITY-ST-ZIP **LARGO FL 34644**

TITLE ☐ DELETE

NAME **DAVID D**
STREET ADDRESS **14277 WALSINGHAM RD**
CITY-ST-ZIP **LARGO FL 34644**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-99

727-343-5537

Date

Daytime Phone #

CR2E037 (5/99)