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



BLDG

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

26 AMELIA HAMILTON, EXEC. SEC

DOCUMENT

1. Corporation Name

THE NEW LIFE FOUNDATION, INC.

Principal Place of Business TUDOR OFFICE BLDG 14277 WALSINGHAM RDD

LARGO FL 34644

2. Principal Place of Business

HAMILTON OFFICE

Mailing Address

2a. Mailing Address

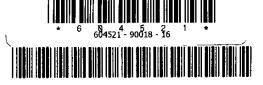
Suite, Apt. #, etc.

IRENE TUDOR. EXEC SEC 14277 WALSINGHAM RD LARGO FL 34644

US

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

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



Applied For

3. Date Incorporated or Qualifed

11/16/1970

4. FEI Number

State 23 ST PBBQS BURG, FL. 22 REDWGDN BBACH FL. 22 REDWGDN BBACH FL. 25 S. Certificate of Status Desired	City 9 State	IST AVEN	27 15801 REDWAR	N DRIV	F	23-7135093	_	Not	Applicable
Zip 23 3710 25 U.S.A 29 3 3708 30 U.S.A 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and	23 ST. PET	A	City & State		٠٤.	5. Certificate of Status Desired			
Simple S	Zip	Country		Country US A	}		□ S		
KRIPPENDORF, DONALD D C 14277 WALSINGHAM RD 11945 143RD STREET LARGO FL 33774 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 register of filice 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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typeid or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PD HAMILTON, WALTER MD 12. NAME STREET ADDRESS CITY-ST-ZPP TITLE VD MAME KRIPPENDORF, DONALD.DC 22. MAME STREET ADDRESS CITY-ST-ZPP TITLE VD MAME GROUPE, VINCENT PHD 32. NAME STREET ADDRESS CITY-ST-ZPP Change AC ACITY-ST-ZPP STREET ADDRESS CITY-ST-ZPP TITLE VD MAME GROUPE, VINCENT PHD 32. NAME 33. STREET ADDRESS CITY-ST-ZPP Change AC Change AC STREET ADDRESS CITY-ST-ZPP TITLE VD MAME GROUPE, VINCENT PHD 32. NAME 33. STREET ADDRESS CITY-ST-ZPP Change AC CHANGE ACITY-ST-ZPP Change AC STREET ADDRESS CITY-ST-ZPP ACITY-ST-ZPP Change AC STREET ADDRESS CITY-ST-ZPP Change AC CHANGE ACITY-ST-ZPP Change AC STREET ADDRESS CITY-ST-ZPP ACITY-ST-ZPP Change AC CHANGE ACITY-ST-ZPP Change AC CHANGE ACITY-ST-ZPP ACITY-ST-ZPP Change AC CHANGE ACITY-ST-ZPP Change AC CHANGE ACITY-ST-ZPP ACITY-	- 1 -		Registered Agent			10. Name and Address of New R	egistered A	gent	
14277 WALSINGHAM RD 11945 143RD STREET LARGO FL 33774 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 register of gent 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, and the first agent of the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME HAMILTON, WALTER MD 12 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE VD CRANGE CRANGE ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCITY-ST-ZIP Change ACCITY-ST-ZIP ACCIT				81 Nan	ne	v.			
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NAME								Change	☐ Addition
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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: