FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756840

Country

9. Name and Address of Current Registered Agent

Corporation Name

NEW LIFE FOR ALL, INC.

Principal Place of Busines
1780 OLD MT DORA RD: EUSTIS FL 32726
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

1780 OLD MT DORA RD. EUSTIS FL 32726

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

28

29

Zip

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90105 035 ****61.25

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

03/18/1981

59-2068134

4. FEI Number

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.	CARTER, MAX W.			81	81 Name						
1780 OLD MT DORA RD EUSTIS FL 32726 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 registere 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 familier 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD ORAGE CARTER, MAX W. 12.NAME CARTER, MAX W. 12.NAME 14.CITY-ST-ZIP EUSTIS FL 14.CITY-ST-ZIP EUSTIS FL 14.CITY-ST-ZIP LUNDATIA C. 22. NAME 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 14.CITY-ST-ZIP EUSTIS FL 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 1780 OLD MT DORA RD 23. STREET ADDRESS EUSTIS FL 1780 OLD MT DORA RD 24. ACITY-ST-ZIP TITLE T				82	82 Street Address (P.O. Roy Number is Not Accentable)						
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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 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 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	**************************************					-					
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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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	14. Lhereby o	pertify that the information supplied with this filing doe	s not qualify for the	exemption	on stated	in Section 119.07(3)(i)	, Florida Statutes. I	further certi	fy that the in	formation	

Country

30

4. 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 aftachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/z8/99

352-357-6103

(11130)

Applied For.

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable