FILED
Apr 30, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005515

1. Entity Name
NEW LIFE MINISTRIES INTL, INC.

Principal Place of Business	Mailing Address
4220 N. 58TH AVENUE HOLLYWOOD, FL 33021	5201 W PARK BLVD, STE 100 C/O S. BELCHER PLANO, TX 75093

DO NOT WRITE IN THIS SPACE

04222008 No Chg-NP CR2E037 (4/08)

4. FEI Number
75-2505861

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLAS, SERGE
4220 N. 58TH AVENUE
HOLLYWOOD, FL 33021

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	NICHOLAS, SERGE
STREET ADDRESS	4220 N. 58TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VC
NAME	WILKERSON, AUSTIN
STREET ADDRESS	125 MCCLELLAN ROAD
CITY-ST-ZIP	KINGWOOD, TX 77339
TITLE	DS
NAME	NICHOLAS, HELEN
STREET ADDRESS	4220 N. 58TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	NIKOLAEV, VLADISLAV
STREET ADDRESS	427 GOLDEN ISLE DRIVE, #1111
CITY-ST-ZIP	HALLANDALE, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80061-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-25-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #