2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005492

City-St-Zip:

OCALA, FL 34479 US

Entity Name: NEW LIFE MINISTRIES OF OCALA, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3501 N E 10TH STREET 4650 SE 24TH STREET OCALA, FL 34470 OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 3501 N E 10TH STREET 4650 SE 24TH STREET OCALA, FL 34470 OCALA, FL 34471 US FEI Number: 59-3742403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WATSON, E. J CPA WATSON, E. J CPA 3501 N E 10TH STREET 317 NE 36TH AVENUE OCALA, FL 34470 OCALA, FL 34470 US 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. SIGNATURE: 04/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BASTIE, WESLEY M BASTIE, WESLEY M Name: Name: 3501 N E 10TH STREET Address: 4650 SE 24TH STREET Address: City-St-Zip: OCALA, FL 34470 US City-St-Zip: OCALA, FL 34471 US Title: S/T () Delete Title: (X) Change () Addition BASTIE, DEBRA R Name: BASTIE, DEBRA R Name: Address: 3501 N E 10TH STREET Address: 4650 SE 24TH STREET City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34471 US Title: DIR () Delete Title: () Change () Addition STEVENS, RONALD W Name: Name: 280 EAST HATHAWAY AVE Address: Address: City-St-Zip: BRONSON, FL 32621 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition BLACKBURN, JERRY M Name: Name: 513 BAHIA DR Address: Address: City-St-Zip: OCALA, FL 34472 US City-St-Zip: Title: Title: () Delete () Change () Addition BASTIE, HELEN Name: Name: 3280 N E 17TH TERRACE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WESLEY M. BASTIE P 04/27/2004