


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90011 027 ****61.25

DOCUMENT # N03000000833 1. Entity Name NEW LIFE FIL-AM FELLOWSHIP OF ORLANDO, INC.			
Principal Place of Business 10201 DENBY COURT ORLANDO, FL 32817-2862		Mailing Address 10201 DENBY COURT ORLANDO, FL 32817-2862	
2. Principal Place of Business 18415 11th Avenue Suite, Apt. #, etc.		3. Mailing Address 10305 Rocking A Run Suite, Apt. #, etc.	
City & State Orlando, Florida Zip 32833		City & State Orlando, Florida Zip 32825-4805	
Country U.S.A		Country U.S.A	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01042004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent DIESTO-ARCENO, MARA 10201 DENBY COURT ORLANDO, FL 32817-2862		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEDRAGOZA, JOSEPHINE 10110 BRYDLEWOOD ORLANDO, FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIESTO-ARCENO, MARA 10201 DENBY COURT ORLANDO, FL 328172862	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNOKE, RUTH D 10305 ROCKING A RUN ORLANDO, FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOKE, ROBERT E. 10305 ROCKING A RUN ORLANDO, FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 an other like empowered.			
SIGNATURE: <i>Ruth D Snoke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/6/2004 Daytime Phone #: 407-697-5273	