


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90144 026 \*\*\*\*61.25

<b>DOCUMENT # N03000000833</b> 1. Entity Name NEW LIFE FIL-AM FELLOWSHIP OF ORLANDO, INC.					
Principal Place of Business 18415 11TH AVE ORLANDO, FL 32833			Mailing Address 10305 ROCKING A RUN ORLANDO, FL 32825-4805		
2. Principal Place of Business <i>10305 Rocking A Run</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Orlando, Florida</i>		City & State		4. FEI Number <i>54-2093436</i>	
Zip <i>32825</i>		Country <i>U.S.A</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <span style="float: right;"><b>FL</b></span> Zip Code		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEDRAGOZA, JOSEPHINE <input checked="" type="checkbox"/> Delete 10110 BRYDLEWOOD ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Lisa Kraemer</i> <i>13137 Hemingway</i> <i>Orlando, FL 32825</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD <input type="checkbox"/> Delete STYLES, PROCERFINA 1114 RIVER GROVE DR. ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SNOKE, RUTH D 10305 ROCKING A RUN ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SNOKE, ROBERT E. 10305 ROCKING A RUN ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.					
<b>SIGNATURE:</b> <i>Nahel E. Snok</i>			4/14/2005 407-488-4306		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

00010306



02252005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

☐ **\$8.75 Additional Fee Required**

**FL** Zip Code