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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03373

1. Corporation Name

NEW LIFE RANCH, INC.

Principal Place of Business

3140 NW 20TH ST
BELL FL 32619-9802
US

Mailing Address

3140 NW 20TH ST
BELL FL 32619-9802
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/31/1984

4. FEI Number

59-2453268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BURT, THEODORE M. ESQ
114 NE FIRST ST
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 registered 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME HINES, PHILIP A.
STREET ADDRESS RT 2 BOX 2014
CITY-ST-ZIP BELL FL

☐ DELETE

TITLE PD
NAME BELL, RICHARD A
STREET ADDRESS 3313 NW 14TH AVE
CITY-ST-ZIP POMPANO BCH FL

☐ DELETE

TITLE D
NAME BELL, JEAN M.
STREET ADDRESS 521 E WADE ST
CITY-ST-ZIP TRENTON FL

☐ DELETE

TITLE S
NAME INTERIAL, BARBARA
STREET ADDRESS PO BOX 1703, NA
CITY-ST-ZIP CHIEFLND FL

☐ DELETE

TITLE TD
NAME HINES, PATRICIA A.
STREET ADDRESS RT 2, BOX 2014
CITY-ST-ZIP BELL FL

☐ DELETE

TITLE D
NAME ALVENS, JULIE A
STREET ADDRESS 3313 NW 14TH AVE
CITY-ST-ZIP POMPANO FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Hines* SIGNATURE REQUIRED: *Director* 352-463-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-(11/98)