

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90283 040 ****61.25

DOCUMENT # N03965

1. Entity Name

NEW LIFE IN CHRIST MINISTRIES, INC.



Principal Place of Business

2436 GARLAND CIRCLE
HOLLYWOOD FL 33021

Mailing Address

2436 GARLAND CIRCLE
HOLLYWOOD FL 33021



2. Principal Place of Business

2436 Garland Circle

3. Mailing Address

2436 Garland Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

59-2423972

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKEMAN, DIANE
2436 GARLAND CIRCLE
HOLLYWOOD FL 33021

Name

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

City

FL

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

DIANE LAKEMAN

Diane Lakeman

01/25/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LAKEMAN, DIANE
STREET ADDRESS 2436 GARLAND CIRCLE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE T ☐ Delete
NAME BLAZQUEZ, JENNIFER
STREET ADDRESS 11954 WASHINGTON ST
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE T ☒ Delete
NAME KNOWLER, THELMA B
STREET ADDRESS 17000 N.W. 67AVE \$414
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☒ Delete
NAME MCGUINNESS, DENNIS
STREET ADDRESS 3113 S OCEAN DR #406
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME HICKS JOAN
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME MCGUINNESS DENNIS
STREET ADDRESS
CITY-ST-ZIP
Spelling of Name

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DIANE LAKEMAN *Diane Lakeman*

1/25/06 954-983-4489