

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N15627** (5)

1. Corporation Name  
**NEW LIFE FAMILY CENTER, INC.**



Principal Place of Business Mailing Address  
**3661 W. OAKLAND PARK BLVD SUITE 200 LAUDERDALE LAKES FL 33311**

3. Date incorporated or Qualified **06/26/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **65-0003179** 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PETERSEN, JANICE DR.  
 3661 W. OAKLAND PARK BLVD  
 SUITE 200  
 LAUDERDALE LAKES FL 33311**

10. Name and Address of New Registered Agent  
 81 Name **DR DENISE R-MUNOZ, PRESIDENT/CEO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3661 W. OAKLAND PARK BLVD**  
 83 **SUITE 200**  
 84 City **LAUDERDALE LAKES FL** 85 Zip Code **FL 33311**

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 *Denise R. Munoz* (NOTE: Registered Agent signature required when reinstating) DATE **6/23/96**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PCED</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BROWNE, DR REGINALD</b>
STREET ADDRESS	<b>216 BAYBERRY DRIVE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PETERSEN, DR, JANICE</b>
STREET ADDRESS	<b>3129 OAKLYN SPRINGS DRIVE</b>
CITY-ST-ZIP	<b>RALEIGH NC 27801</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>MYERS, HERBERT</b>
STREET ADDRESS	<b>1811 NW 26TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PALMER, VIVIA</b>
STREET ADDRESS	<b>7101 NW 20TH COURT</b>
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CLAYBORNE, BERNADETTE</b>
STREET ADDRESS	<b>6288 NW 42ND COURT</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>
TITLE	<b>VC</b> <input type="checkbox"/> DELETE
NAME	<b>RUFFIN, DOROTHY L</b>
STREET ADDRESS	<b>9650 NW 42ND ST</b>
CITY-ST-ZIP	<b>CORAL SPGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DR DENISE MUNOZ, PRESIDENT/CEO</b>
1.3 STREET ADDRESS	<b>1460 NW 126TH AVE.</b>
1.4 CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DR DONNA F. DAVIES, VICE PRESIDENT</b>
2.3 STREET ADDRESS	<b>7321 NW 16TH STREET, APT. A110</b>
2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Denise R. Munoz* *Denise R. Munoz, PhD* DATE: **6/23/96** DAYTIME PHONE: **(954) 484-3022**

CR2E037 (3/96)