

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

**3661 W. OAKLAND PARK BLVD
SUITE 200
LAUDERDALE LAKES FL 33311**

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

26

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

10. Name and Address of New Registered Agent

**PETERSEN, JANICE DR.
3661 W. OAKLAND PARK BLVD
SUITE 200
LAUDERDALE LAKES FL 33311**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCED** ☒ DELETE
NAME **BROWNE, DR REGINALD**
STREET ADDRESS **216 BAYBERRY DRIVE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VPD** ☒ DELETE
NAME **PETERSEN, DR, JANICE**
STREET ADDRESS **3129 OAKLYN SPRINGS DRIVE**
CITY-ST-ZIP **RALEIGH NC 27801**

TITLE **C** ☐ DELETE
NAME **MYERS, HERBERT**
STREET ADDRESS **1811 NW 26TH TERRACE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **T** ☐ DELETE
NAME **PALMER, VIVIA**
STREET ADDRESS **7101 NW 20TH COURT**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **S** ☐ DELETE
NAME **CLAYBORNE, BERNADETTE**
STREET ADDRESS **6288 NW 42ND COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VC** ☐ DELETE
NAME **RUFFIN, DOROTHY L**
STREET ADDRESS **9650 NW 42ND ST**
CITY-ST-ZIP **CORAL SPGS FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DR DENISE MUNOZ, PRESIDENT/CEO**
1.3 STREET ADDRESS **1460 NW 126TH AVE.**
1.4 CITY-ST-ZIP **SUNRISE, FL 33323**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DR DONNA F. DAVIES, VICE PRESIDENT**
2.3 STREET ADDRESS **7321 NW 16TH STREET, APT. A110**
2.4 CITY-ST-ZIP **PLANTATION, FL 33313**

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 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* **6/23/96** **484-3022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)