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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33311-1156**

3. Date Incorporated or Qualified
06/26/1986

3a. Date of Last Report
07/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

**R-MUNOZ, DENISE DR
3661 W OAKLAND PARK BLVD SUITE 200
SUITE 200
LAUDERDALE LAKES FL 33311**

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	PCED	<input type="checkbox"/> DELETE
NAME	MUNOZ, DENISE	
STREET ADDRESS	1480 N W 126TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIES, DONNA	
STREET ADDRESS	7321 16TH ST APT A-110	
CITY-ST-ZIP	PLANTATION FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, HERBERT	
STREET ADDRESS	1811 NW 26TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, VIVIA	
STREET ADDRESS	7101 NW 20TH COURT	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLAYBORNE, BERNADETTE	
STREET ADDRESS	6288 NW 42ND COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33087	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	RUFFIN, DOROTHY L	
STREET ADDRESS	9650 NW 42ND ST	
CITY-ST-ZIP	CORAL SPGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C TYSON T. JONES
3.3 STREET ADDRESS	2000 CITY HALL DRIVE
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINDA PETERSEN
4.3 STREET ADDRESS	ONE FINANCIAL PLAZA, 9TH FLOOR
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33340-7090
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S CAROL SMITH
5.3 STREET ADDRESS	600 S.E. 3RD AVENUE
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VC LORENZO CRUGER, JR.
6.3 STREET ADDRESS	8000 W. SUNRISE BOULEVARD, ROOM 2372
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33322

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 **480-3022**
Date Daytime Phone # 0034565

CR2E037 (9/96)