

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

4. FEI Number 65-0003179	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 5975 W. Sunrise Blvd. Suite, Apt. #, etc. 22 Suite 105 City & State 23 Sunrise, FL Zip 24 33313	2a. Mailing Address 26 5975 W. Sunrise Blvd. Suite, Apt. #, etc. 27 Suite 105 City & State 28 Sunrise, FL Zip 29 33313	Country 25 Broward	Country 30 Broward
--	---	------------------------------	------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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
85 Zip Code

FL

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: **1-12-97**

12. OFFICERS AND DIRECTORS

TITLE	2000-D	<input type="checkbox"/> DELETE
NAME	MUNOZ, DENISE	
STREET ADDRESS	1460 N W 126TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	XXXXX	<input checked="" type="checkbox"/> DELETE
NAME	DAVIES, DONNA	
STREET ADDRESS	7321 16TH ST APT A-110	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JONES, TYSON T	
STREET ADDRESS	2000 CITY HALL DRIVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	PETERSON, LINDA	
STREET ADDRESS	ONE FINANCIAL PLAZA, 9TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, CAROL	
STREET ADDRESS	600 S.E. 3RD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CRUGER, LORENZO J	
STREET ADDRESS	8000 W. SUNRISE BLVD., ROOM 2372	
CITY-ST-ZIP	FT. LAUDERDALE 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 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 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: *Denise R. Munoz* DATE: **1-12-97** (954) 792-2221

CR2E037 (10/97)