

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37759 (0)

1. Corporation Name
NEW LIFE FAMILY MINISTRIES, INC.



Principal Place of Business Mailing Address
%ROBERT J RAIMONDO
P O BOX 490
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified **04/19/1990** 3a. Date of Last Report **02/02/1995**
4. FEI Number **65-0191392** 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

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
RAIMONDO, ROBERT J
18521 EBB AVENUE
P O BOX 490
PUNTA GORDA FL 33950

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 _____ DATE _____
Signature Date Date of registration of new office and agent applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDING CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMONDO, ROBERT J	12 NAME	
STREET ADDRESS	18521 EBB AVE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMONDO, CHAMLOT	22 NAME	
STREET ADDRESS	18521 EBB AVE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, MORGAN	32 NAME	
STREET ADDRESS	27127 VALENCIA DR	33 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, HUELLEN	42 NAME	
STREET ADDRESS	27127 VALENCIA DR	43 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Robert J. Raimondo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 **941-639-1700**
Date Day/Time/Phone #

CR2E037 (12/95)