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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37759 (0)

1. Corporation Name
NEW LIFE FAMILY MINISTRIES, INC.



Principal Place of Business %ROBERT J RAIMONDO P O BOX 480 PUNTA GORDA FL 33950	Mailing Address %ROBERT J RAIMONDO P O BOX 480 PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified
04/19/1990

4. FEI Number
65-0191392

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. P O Box 510490
23. City & State	27. Suite, Apt. #, etc.
24. Zip	28. City & State
25. Country	29. Zip
	30. Country

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

RAIMONDO, ROBERT J
18521 EBB AVENUE
P O BOX 480
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 P O Box 510490	
84 City	FL
	85 Zip Code 33951

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]* DATE **2/25/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAIMONDO, ROBERT J	
STREET ADDRESS	18521 EBB AVE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMONDO, CHAMLOT	
STREET ADDRESS	18521 EBB AVE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, MORGAN	
STREET ADDRESS	27127 VALENCIA DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RANDOLPH, HUELLEN	
STREET ADDRESS	27127 VALENCIA DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *[Signature]* RAIMONDO, ROBERT J Raimondo 2/25/98 941-639-1700

CFR2E037 (10/97)