

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90039 039 ****61.25

DOCUMENT # N37759

1. Entity Name

NEW LIFE FAMILY MINISTRIES, INC.

Principal Place of Business

Mailing Address

%ROBERT J RAIMONDO
 P O BOX 490
 PUNTA GORDA FL 33950

P O BOX 510490
 P O BOX 490
 PUNTA GORDA FL 33951-0490
 US

911004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

New Life Family Worship

New Life Family Worship

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28330 Bermont Road

28330 Bermont Road

City & State

City & State

Punta Gorda, FL

Punta Gorda, FL

4. FEI Number

65-0191392

Applied For
 Not Applicable

Zip
 33982

Country
 USA

Zip
 33982

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

RAIMONDO, ROBERT J
 18521 EBB AVENUE
 P O BOX 510490
 PUNTA GORDA FL 33950

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD RAIMONDO, ROBERT J	TITLE	
NAME	RAIMONDO, ROBERT J	NAME	
STREET ADDRESS	18521 EBB AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD RAIMONDO, CHAMLOT	TITLE	
NAME	RAIMONDO, CHAMLOT	NAME	
STREET ADDRESS	18521 EBB AVE	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD RANDOLPH, MORGAN	TITLE	
NAME	RANDOLPH, MORGAN	NAME	
STREET ADDRESS	27127 VALENCIA DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S RANDOLPH, HUELLEN	TITLE	
NAME	RANDOLPH, HUELLEN	NAME	
STREET ADDRESS	27127 VALENCIA DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Raimondo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

941-639-1700

Date

Daytime Phone #