

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

0071395

DOCUMENT # N37759

1. Entity Name

NEW LIFE FAMILY MINISTRIES, INC.

03-07-2001 90628 014 ****61.25

Principal Place of Business

Mailing Address

% NEW LIFE FAMILY WORSHIP
 28330 BERMONT RD
 PUNTA GORDA FL 33982

% NEW LIFE FAMILY WORSHIP
 28330 BERMONT RD
 PUNTA GORDA FL 33982
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0191392

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Robert J. Raimondo

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

18521 Ebb Avenue

City

Port Charlotte

FL

Zip Code

33952

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

TITLE: PD Delete
 NAME: RAIMONDO, ROBERT J
 STREET ADDRESS: 18521 EBB AVE
 CITY-ST-ZIP: PORT CHARLOTTE FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD Delete
 NAME: RAIMONDO, CHAMLOT
 STREET ADDRESS: 18521 EBB AVE
 CITY-ST-ZIP: PORT CHARLOTTE FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD Delete
 NAME: RANDOLPH, MORGAN
 STREET ADDRESS: 27127 VALENCIA DR
 CITY-ST-ZIP: PUNTA GORDA FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: S Delete
 NAME: RANDOLPH, HUELLEN
 STREET ADDRESS: 27127 VALENCIA DR
 CITY-ST-ZIP: PUNTA GORDA FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J.

Raimondo

3/1/01

941-639-1700

Date

Daytime Phone #

CR2E037 (10/00)