

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90113 010 \*\*\*\*61.25

0084716

**DOCUMENT # N37759**

1. Entity Name

**NEW LIFE FAMILY MINISTRIES, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

**65-0191392**

Applied For

Not Applicable

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  
 PUNTA GORDA FL 33950**

Name

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

City

**FL**

Zip Code

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

**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	<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	RAIMONDO, 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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**

**1/14/02** **941-639-1700**  
 Date Daytime Phone #

CR2E037 (9/01)