2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37759

FILED Mar 18, 2004 Secretary of State

Entity Name: NEW LIFE FAMILY MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0191392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAIMONDO, ROBERT J 18521 EBB AVENUE PORT CHARLOTTE, FL 33948

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:

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition RAIMONDO, ROBERT J, Name: RAIMONDO, ROBERT J,

Name:RAIMONDO, ROBERT J,Name:RAIMONDO, ROBERT J,Address:18521 EBB AVEAddress:18521 EBB AVE

City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VD () Delete Title: VD (X) Change () Addition Name: RAIMONDO, CHAMLOT, Name: RAIMONDO, CHAMLOT,

Address: 18521 EBB AVE Address: 18521 EBB AVE

City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: TD () Delete Title: TD (X) Change () Addition Name: RANDOLPH, MORGAN, Name: RANDOLPH, MORGAN,

Address: 27127 VALENCIA DR Address: 27127 VALENCIA DR City-St-Zip: PUNTA GORDA. FL 33955 US

City-St-Zip: PUNTA GORDA, FL 33955 US

Title: S () Delete Title: S (X) Change () Addition Name: RANDOLPH, HUELLEN, Name: RANDOLPH, HUELLEN,

Address: 27127 VALENCIA DR Address: 27127 VALENCIA DR
City-St-Zip: PUNTA GORDA, FL City-St-Zip: PUNTA GORDA, FL 33955 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. RAIMONDO PD 03/18/2004