

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37759

FILED
Jan 17, 2005
Secretary of State

Entity Name: NEW LIFE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0191392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAIMONDO, ROBERT J,
Address: 18521 EBB AVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VD () Delete
Name: RAIMONDO, CHAMLOT,
Address: 18521 EBB AVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: TD () Delete
Name: RANDOLPH, MORGAN,
Address: 27127 VALENCIA DR
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: S () Delete
Name: RANDOLPH, HUELLEN,
Address: 27127 VALENCIA DR
City-St-Zip: PUNTA GORDA, FL 33955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/17/2005

Electronic Signature of Signing Officer or Director

Date