

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90111 031 ***61.25

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**



CHECK HERE IF MAKING CHANGES

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

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 **Port Charlotte FL** Zip Code **33948**

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. I am familiar with, and accept the obligations of registered agent.

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 **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**Make Check Payable to
Florida 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 empowers.

SIGNATURE: **Robert J. Raimondo**
(Signature)

Robert J. Raimondo
1/30/03 941-639-1700

CR2E037 (10/02)