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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40228**

1. Corporation Name
NEW LIFE MINISTRIES OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
1063 N. HAVERHILL ROAD W PALM BEACH FL 33417	1063 N. HAVERHILL ROAD W PALM BEACH FL 33417

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 09/14/1990

4. FEI Number: 65-0226947 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSADO, REV. GEORGE
1063 N. HAVERHILL ROAD
W PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSADO, REV. GEORGE		1.2 NAME		
STREET ADDRESS	1201 HATTERAS CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	TORRES, ALBERT		2.2 NAME	Clinton George	
STREET ADDRESS	4589 COLE ST		2.3 STREET ADDRESS	4940 Haverhill Commons Apt 31	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSADO, ELIZABETH		3.2 NAME		
STREET ADDRESS	1201 HATTERAS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, MARISOL		4. 2 NAME		
STREET ADDRESS	126 RIVERA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HARRISPERSAD, WINSTON		5.2 NAME	Gutierrez, Alfredo	
STREET ADDRESS	1539 WABASSO DRIVE		5.3 STREET ADDRESS	910 W. Pine St	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	Lantana FL 33462	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Rosado SIGNATURE REQUIRED 3/6/99 561-688-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #