

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40228

FILED
May 09, 2005
Secretary of State

Entity Name: NEW LIFE MINISTRIES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1063 N. HAVERHILL ROAD
W PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

1063 N. HAVERHILL ROAD
W PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0226947 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSADO, REV. GEORGE
1063 N. HAVERHILL ROAD
W PALM BEACH, FL 33417 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: DP () Delete
Name: ROSADO, REV. GEORGE,
Address: 1201 HATTERAS CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: TD () Delete
Name: CINTRON, RUTH N
Address: 1176 HATTERAS CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: DVP () Delete
Name: ROSADO, ELIZABETH
Address: 1201 HATTERAS CIRCLE
City-St-Zip: W PALM BEACH, FL 33413 US

Title: SD () Delete
Name: RIVERA, MARISOL,
Address: 126 RIVERA AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: VALENTIN, ALEXIS
Address: 1460 FAIRWAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: D () Delete
Name: BLAS, EDWIN
Address: 224 FOXTAIL DR. UNIT E
City-St-Zip: WEST PALM BEACH, FL 33413 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:

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: ELIZABETH ROSADO

DVP

05/09/2005

Electronic Signature of Signing Officer or Director

Date