

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 SEP -5 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42391** (5)

1. Corporation Name

NEW LIFE UKRAINE MINISTRIES, INC.

Principal Place of Business

**513 APPLEWOOD AVE.
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**513 APPLEWOOD AVE.
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified

03/07/1991

3a. Date of Last Report

06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-3054127

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOGT, STEPHEN C
1711 BARCELONA WAY
WINTER PARK FL 32789**

81 Name

SIMS, DAVID A.

82 Street Address (P.O. Box Number is Not Acceptable)

500 E. Altamonte Dr.

83

Suite 210

84 City

Altamonte Springs, FL

85 Zip Code

32701

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **VOGT, STEPHEN C**
STREET ADDRESS **1711 BARCELONA WAY**
CITY-ST-ZIP **WINTER PARK FL 32789**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JARUCZYK, RUSSELL**
1.3 STREET ADDRESS **513 Applewood Avenue**
1.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **TD** ☒ DELETE
NAME **PREGMAN, MARK**
STREET ADDRESS **12705 PADDLE COURT**
CITY-ST-ZIP **ORLANDO FL 32828**

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **SIMS, DAVID A.**
2.3 STREET ADDRESS **500 E. Altamonte Dr., Ste 210**
2.4 CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **D** ☒ DELETE
NAME **THOMAS, DON**
STREET ADDRESS **7183 MARVISTA COURT**
CITY-ST-ZIP **ORLANDO FL 32835**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JARUCZYK, NINA**
3.3 STREET ADDRESS **513 Applewood Avenue**
3.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Sims
President

DATE

7/31/96

DAYTIME PHONE

8300017

0008470

CR2E037 (3/96)