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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001191

1. Corporation Name
NEW LIFE Ministries, INC.
NEW LIFE Deliverance Ministries, ~~INC.~~

Principal Place of Business	Mailing Address
115 Lynn wood DR. Bainbridge, Ga. 31717	PO BOX 2075 Bainbridge, Ga. 31717

3. Date Incorporated or Qualified: 3-5-93
3a. Date of Last Report: 6-27-96

2. Principal Place of Business
21 Lynnwood DR. 115
22 Suite, Apt. #, etc.
23 City & State: Bainbridge, Ga.
24 Zip: 31717 25 Country: Decatur

2a. Mailing Address
26 PO BOX 2075
27 Suite, Apt. #, etc.
28 City & State: Bainbridge, Ga.
29 Zip: 31717 30 Country: Decatur

4. FEI Number: 65-0392491 ☐ 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

Jacquelyn C. Porter
~~115 Lynnwood DR.~~ 2 mor
P ~~FA~~ 3304 Bahama Dr.
Tallahassee, Fl. 32311

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 (P) NAME Jacquelyn C. Porter STREET ADDRESS 3304 Bahama Dr. CITY-ST-ZIP Tallahassee, Fl. 32311 (D) ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP
TITLE (S) NAME Mary A. Porter STREET ADDRESS 908 Dennard St. CITY-ST-ZIP Bainbridge, Ga. 31717 (T) ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP
TITLE (T) NAME Martha A Pearson (T) STREET ADDRESS 605 Love St. CITY-ST-ZIP Bainbridge, Ga. 31717 ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP
TITLE T NAME Willie B. Porter STREET ADDRESS 1011 Silver Ridge Dr. (T) CITY-ST-ZIP Tall, Fl. 33408 ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP

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14. I do 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.

SIGNATURE: Jacquelyn C. Porter Jacquelyn C. Porter 4/27/97 671-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #