

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004403 (2)

1. Corporation Name
NEW LIFE MINISTRIES OF WINTER HAVEN, INC.



Principal Place of Business: **100 LAKE RUBY DR. WINTER HAVEN FL 33884**
Mailing Address: **100 LAKE RUBY DR. WINTER HAVEN FL 33884**

3. Date Incorporated or Qualified: **09/29/1993**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0444339**
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

2. Principal Place of Business: **100 West Lake Ruby Dr.**
2a. Mailing Address: **100 West Lake Ruby Dr.**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: Country:
25. Zip: Country:

9. Name and Address of Current Registered Agent

**VOSS, GARY L
100 LAKE RUBY DR.
WINTER HAVEN FL 33884**

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: _____ (Name of Registered Agent's signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | VOSS, GARY L | |
| STREET ADDRESS | 2005 WINTerset RD. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | DEAL, MICHAEL | |
| STREET ADDRESS | 2133 GREENLEAF BLVD. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | WINTERS, DEBORAH | |
| STREET ADDRESS | 2122 EDGEWATER CR., SE | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-------------------------------|--|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Voss, Sharon | |
| 43 STREET ADDRESS | 2005 Winterset Rd. | |
| 44 CITY-ST-ZIP | Winter Haven, FL 33884 | |
| 51 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Burgett, Guy | |
| 53 STREET ADDRESS | 274 Santa Rosa Dr. | |
| 54 CITY-ST-ZIP | Winter Haven, FL 33884 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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

9/25/94
941-324-2685
Date of Filing

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