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FILED

**May 01 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 # N93000004403 (2)

1. Corporation Name

NEW LIFE MINISTRIES OF WINTER HAVEN, INC.



Principal Place of Business

100 WEST LAKE RUBY DR
WINTER HAVEN FL 33884
US

Mailing Address

100 WEST LAKE RUBY DR
WINTER HAVEN FL 33884-3114
US

3. Date Incorporated or Qualified
09/29/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0444339

Applied For
Not Applicable

6. 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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DP** DELETE
NAME **VOSS, GARY L**
STREET ADDRESS **2005 WINTERSET RD.**
CITY - ST - ZIP **WINTER HAVEN FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT** DELETE
NAME **DEAL, MICHAEL**
STREET ADDRESS **2133 GREENLEAF BLVD.**
CITY - ST - ZIP **WINTER HAVEN FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DS** DELETE
NAME **WINTERS, DEBORAH**
STREET ADDRESS **2122 EDGEWATER CR., SE**
CITY - ST - ZIP **WINTER HAVEN FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **DVP** DELETE
NAME **VOSS, SHARON**
STREET ADDRESS **2005 WINTERSET RD**
CITY - ST - ZIP **WINTER HAVEN FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **Winter Haven, FL**

TITLE **D** DELETE
NAME **BURGETT, GHUY**
STREET ADDRESS **274 SANTA ROSA DR**
CITY - ST - ZIP **WINTER HAVEN FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **Burgett, Guy**

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 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:

Gary L Voss, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

941-324-2685

Date

Daytime Phone #

CR2E037 (9/96)