

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90011 002 ****61.25

DOCUMENT # N93000004403

1. Entity Name

NEW LIFE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

100 WEST LAKE RUBY DR
 WINTER HAVEN FL 33884
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0444339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	VOSS, GARY L	
STREET ADDRESS	2005 WINTERSSET RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DEAL, MICHAEL	
STREET ADDRESS	2133 GREENLEAF BLVD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WINTERS, DEBORAH	
STREET ADDRESS	2122 EDGEWATER CR., SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VOSS, SHARON	
STREET ADDRESS	2005 WINTERSSET RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGETT, GUY	
STREET ADDRESS	274 SANTA ROSA DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	176 Beverly Dr. SE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

863-324-2685

Date Daytime Phone #

CR2E037 (9/99)