

2001 UNIFORM BUSINESS REPORT (UBR)

000784

DOCUMENT # N93000004403

1. Entity Name

NEW LIFE MINISTRIES INTERNATIONAL, INC.

FILED

01 MAY 18 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
05/07/01 90058 030 \$61.25
4. FEI Number 65-0444339
Applied For Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	DP VOSS, GARY L 2005 WINTERSSET RD. WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEAL, MICHAEL 178 BAVERLY DR. SE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WINTERS, DEBORAH 2122 EDGEWATER CR., SE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VOSS, SHARON 2005 WINTERSSET RD WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGETT, GUY 274 SANTA ROSA DR WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	637 HART DR, SE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Voss
Date: 4/26/2001 Daytime Phone #: 863-324-2685

CR2E037 (10/00)