2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004403

FILED Apr 27, 2004 Secretary of State

Entity Name: NEW LIFE MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business: New Principal Place of Business: New Mailing Address: New Mailing Address Address Address Address Address Address New New Mailing New Address Address New Ad			III VIOTALO II VI ELA VITOTA	, n • .		
Current Mailing Address: New Mailing Address of New Registered Agent Name: Address: New Mailing Address of	Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
TITILE: DP () Delete Name: VOSS, GARY L Name: Name: Name: Name: VOSS, GARY L Name: VOSS, SHARON NAME: VOSS,			US			
WINTER HAVEN, FL 33884 US FEI Number: 65-0444339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOSS, GARY L 100 LAKE RUBY DR. WINTER HAVEN, FL 33884 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DP () Delete () Change () Addition Name: Address: 2005 WINTER HAVEN, FL () City-St-Zip: Title: () Change () Addition Name: Address: 2122 EDGEWATER CR., SE () Address: City-St-Zip: WINTER HAVEN, FL () City-St-Zip: Title: () Change () Addition Name: Address: 2005 WINTER HAVEN, FL () City-St-Zip: Title: () Change () Addition Name: () Constant Name: () Constant Name: () Change () Addition Name: () Constant	Current Ma	ailing Address:		New Mailing Ad	dress:	
Name and Address of Current Registered Agent: VOSS, GARY L 100 LAKE RUBY DR. WINTER HAVEN, FL 33884 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date			US			
VOSS, GARY L 100 LAKE RUBY DR. WINTER HAVEN, FL 33884 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	FEI Number:	65-0444339 F	El Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the state of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Name and	Address of Curi	ent Registered Agent:	Name and Addre	ess of New Registered Agent:	
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: DP () Delete Name: VOSS, GARY L Address: 2005 WINTERSET RD. City-St-Zip: WINTER HAVEN, FL Title: DST () Delete Name: WINTERS, DEBORAH Address: 2122 EDGEWATER CR., SE City-St-Zip: WINTER HAVEN, FL Title: DVP () Delete Title: City-St-Zip: Title: DVP () Delete Title: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DVP () Delete Name: VOSS, SHARON Name: VOSS, SHARON Name: VOSS, SHARON Address: 2005 WINTERSET RD Address: 2005 WINTERSET RD	100 LÁKE F	RUBY DR.	US			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: DP () Delete Name: VOSS, GARY L Address: 2005 WINTERSET RD. City-St-Zip: WINTER HAVEN, FL Title: DST () Delete Title: Name: WINTERS, DEBORAH Address: 2122 EDGEWATER CR., SE City-St-Zip: WINTER HAVEN, FL Title: DVP () Delete Title: City-St-Zip: Title: Title: DVP () Delete Title: City-St-Zip: Title: DVP () Delete Title: City-St-Zip: Title: DVP () Delete Title: Name: VOSS, SHARON Name: Address: 2005 WINTERSET RD Address:			mits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: DP () Delete Name: VOSS, GARY L Address: 2005 WINTERSET RD. City-St-Zip: WINTER HAVEN, FL Title: DST () Delete Name: WINTERS, DEBORAH Address: 2122 EDGEWATER CR., SE City-St-Zip: WINTER HAVEN, FL Title: DVP () Delete Title: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: Address: 2005 WINTERSET RD Address:	SIGNATUR					
Title: DP () Delete Title: () Change () Addition Name: VOSS, GARY L Name: Address: 2005 WINTERSET RD. Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: WINTERS, DEBORAH Name: Address: 2122 EDGEWATER CR., SE Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: WINTERS, DEBORAH Name: Address: 2005 WINTER HAVEN Address: A		Electronic S	Signature of Registered Ag	ent	Date	
Name: VOSS, GARY L Name: Address: 2005 WINTERSET RD. Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: WINTERS, DEBORAH Name: Address: 2122 EDGEWATER CR., SE Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: VOSS, SHARON Name: Address: 2005 WINTERSET RD Address:	OFFICERS	AND DIRECTO	RS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:	
Name: WINTERS, DEBORAH Address: 2122 EDGEWATER CR., SE City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: DVP () Delete Name: VOSS, SHARON Name: VOSS, SHARON Address: 2005 WINTERSET RD Name: Address:	Name: Address:	VOSS, GARY L 2005 WINTERSET	RD.	Name: Address:	() Change () Addition	
Name: VOSS, SHARON Name: Address: 2005 WINTERSET RD Address:	Name: Address:	WINTERS, DEBOR 2122 EDGEWATER	AH R CR., SE	Name: Address:	() Change () Addition	
	Name: Address:	VOSS, SHARON 2005 WINTERSET	RD	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L VOSS DP 04/27/2004