

**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:**

100 WEST LAKE RUBY DR  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 WEST LAKE RUBY DR  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

FEI Number: 65-0444339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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  
Name: VOSS, SHARON  
Address: 2005 WINTERSET RD  
City-St-Zip: WINTER HAVEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date