## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004403

Apr 24, 2006 Secretary of State

Entity Name: NEW LIFE MINISTRIES INTERNATIONAL, INC.

US

**Current Principal Place of Business: New Principal Place of Business:** 

100 WEST LAKE RUBY DR WINTER HAVEN, FL 33884

**Current Mailing Address: New Mailing Address:** 

100 WEST LAKE RUBY DR 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 VOSS, GARY L 100 LÁKE RUBY DR.

100 WEST LAKE RUBY DR. WINTER HAVEN, FL 33884 US US WINTER HAVEN, FL 33884

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: 04/24/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

VOSS, GARY L VOSS, GARY L Name: Name: 2005 WINTERSET RD. Address: 2005 WINTERSET RD. Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: WINTER HAVEN, FL 33884 US

(X) Change ( ) Addition Title: DST () Delete Title: WINTERS, DEBORAH Name: WINTERS, DEBORAH A Name: Address: Address:

2122 EDGEWATER CR., SE 2122 EDGEWATER CR., SE City-St-Zip: WINTER HAVEN, FL City-St-Zip: WINTER HAVEN, FL 33880 US

Title: DVP () Delete Title: DVP (X) Change ( ) Addition VOSS, SHARON VOSS, SHARON K Name: Name:

2005 WINTERSET RD 2005 WINTERSET RD Address: Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: WINTER HAVEN, FL 33884 US

Title: () Delete Title: DT ( ) Change (X) Addition

Name: Name: CURRAN, JOYCE

1224 CYPRESS POINT EAST Address: Address: City-St-Zip: City-St-Zip: WINTER HAVEN, FL 33884 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 **PRES** 04/24/2006