


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90258 004 ****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
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VOSS, GARY L	
STREET ADDRESS	2005 WINTERSET RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DT	<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 WINTERSET RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DS	<input checked="" 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS/T	<input checked="" 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		
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~~ Gary L. Voss 4/29/03 863-324-2685

CR2E037 (10/02)