FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED
AND
FILED

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 APR 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002657 (4)**

1. Corporation Name

NEW LIFE IN HIM INC.

Principal Place of Business	Mailing Address
6231 LANDOVER BLVD SPRING HILL FL 34609	6231 LANDOVER BLVD SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3247655 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PONELLA, JOHN
6231 LANDOVER BLVD
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Agent, Registered Agent must sign.) (If Registered Agent is a corporation, the officer or director must sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☐ Change ☐ Addition
NAME	PONELLA, JOHN	12 NAME	
STREET ADDRESS	6231 LANDOVER BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☒ Addition — S
NAME		22 NAME	Nancy Johnson
STREET ADDRESS		23 STREET ADDRESS	4431 Landover Blvd
CITY-ST-ZIP		24 CITY-ST-ZIP	Spring Hill, Fl. 34609
TITLE		31 TITLE	☐ Change ☒ Addition — D
NAME		32 NAME	Michael C. Norvell
STREET ADDRESS		33 STREET ADDRESS	P.O. Box 491615 N/A
CITY-ST-ZIP		34 CITY-ST-ZIP	Leesburg, Fl. 34749-1615
TITLE		41 TITLE	☐ Change ☒ Addition — D
NAME		42 NAME	Anthony Pipitone, Jr.
STREET ADDRESS		43 STREET ADDRESS	1051 Hillsboro Mile
CITY-ST-ZIP		44 CITY-ST-ZIP	Hillsboro Beach, Fl. 33062
TITLE		51 TITLE	☐ Change ☒ Addition — D
NAME		52 NAME	Fred W. Puttere
STREET ADDRESS		53 STREET ADDRESS	301 Highland St.
CITY-ST-ZIP		54 CITY-ST-ZIP	Brooksville, Fl. 34601
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	JA 4-95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Ponella — 3/10/95 — 904 685 0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
JOHN PONELLA

0065967