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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

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NEW (LIFE IN HIM INC.					acii ba in ba in ilio bi	18)
Principal Plac	ce of Business	Mailing Address			I ARTHARA BIO DATA DATA BIOLOGIA	DATA BOAR ADIA INDIA BII	
6231 LANDO	OVER BLVD	6231 LANDOVER BLVD					
SPRING HIL		SPRING HILL FL 34609					
					3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last 04/25/1	t Report 1995
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3247655	Ц	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	5 Additional
City & Star	te	City & State	•		6. Election Campaign Financing	┌ \$5.0	Required 00 May Be
Zip	Country 25	Zip 29	Country 30	/	Trust Fund Contribution 8. This corporation has liability for in	ntangible tax under s.	ed to Fees . 199.032,
	9. Name and Address of Curren		[30]		Fibrida Statutes	Yes No	
			81	Name			
	LA, JOHN		82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	ANDOVER BLVD						140-11
SPRING	3 HILL FL 34609		83				
-			84	City		85 Zij	ip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute		L		FL S	
or registe	arad accest or beth in the Ctata of Fig. 1.		es, the above-i	named coroc	tration submits this statement for the nurr	nace of changing its r	registered office
				named corpo oration's boa	pration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its r intment as registered	registered office d agent. I am
	with, and accept the obligations of Section	ion 617.0503, Florida Statutes		named corpo ocration's boa	vation submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its r intment as registered	registered office d agent. I am
familiar w SIGNATURE	vith, and accept the obligations of, Section Signature, typed or printed name of registered agent	ion 617,0503, Florida Statutes and title if applicable (NO	FE Registered Ager	oration's boa	ard of directors. I hereby accept the appo	intment as registered	d agent. I am
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14. Ido 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)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or one attachment with an address. **SIGNATURE:**

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