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FILED  
Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002657 (4)**

1. Corporation Name

**NEW LIFE IN HIM INC.**

Principal Place of Business

**6231 LANDOVER BLVD  
SPRING HILL FL 34809**

Mailing Address

**6231 LANDOVER BLVD  
SPRING HILL FL 34809**

3. Date Incorporated or Qualified

**05/23/1994**

4. FEI Number

**59-3247655**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PONELLA, JOHN  
6231 LANDOVER BLVD  
SPRING HILL FL 34809**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PVD  
PONELLA, JOHN  
6231 LANDOVER BLVD  
SPRING HILL FL 34809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
JOHNSON, NANCY  
4431 LANDOVER BLVD.  
SPRING HILL FL 34809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
NORVELL, MICHAEL C  
P.O. BOX 491815 N/A  
LEESBURG FL 34749-1815**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
PIPTONE, ANTHONY JR  
1051 HILLSBORO MILE  
HILLSBORO BEACH FL 33082**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
PUTTERE, FRED W  
301 HIGHLAND ST.  
BROOKSVILLE FL 34801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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 changed, or on an attachment with an address.

SIGNATURE:

**JOHN PONELLA**

**4/10/98**

**352-688-6499**

CR2E037 (10/97)