FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State --DIVISION OF CORPORATIONS

DOCUMENT # \\ \94 00000 2657 (4)

New Life IN Him INC.

Principal Place of Business

1051 LEE Rd APT. 4A 1051 LEE Rd APT. 4A ORLANDO, Fl. 328 10-5892 ORLANDO, Fl. 32810-5892

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90068 006 ****61.25

* 325962 - 90068 - 8 2 *

2. Principal Place	e of Business	2a. Mailing Address			Date Incorporated or Qualified			
21		26			05/23/1994			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			4. FEI Number		<u> </u>	plied For
22		27			59-3247655		No	t Applicable
City & State		City & State			5. Certificate of Status Desired		\$8.75 A	1
23		28			Di Commodici di Biblica Bodinea		Fee Re	quired
Zip	Country	Zip			6. Election Campaign Financing	<u> </u>	~ \$5:00°	, ,
24	25 29 30				Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	10. Name and Address of New Registered Agent						
PONELLA, JOHN 1051 LEE Rd- APT. 4A ORLANDO, Fl. 32810-5892				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				94 City			85 Zip C	`ode
				84 City		FL	63 Zip C	,oue
11. Pursuant to t	the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the ab	pove-named corpo	pration submits this statement for th	e purpose of o	hanging its	registered
office or regi:	stered agent, or both, in the State of	Florida. Such change was au	ithorized	by the corporatio	n's board of directors. I hereby acc	ept the appoin	tment as reg	gistered
agent. i am i	amiliar with, and accept the obligation	its of, Section 617.0505, Flor	ida Statu					
SIGNATURE	nature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature required	When reinstating)	DATE		———
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO O	FFICERS AN	DIRECTO	RS IN 12
TITLE	עעס	☐ DELETE	1.1 TIT	LE .			Change	☐ Addition
NAME	Propella JOHN		1.2 NA	ME				
STREET ADDRESS	Donella JOHN APT.	44	1.3 STI	REET ADDRESS				
CITY-ST-ZIP	ORCANDO, Fl. 328	10-5892	14 CIT	Y-ST-ZIP				
TITLE	<u>4</u>	DELETE	2.1 TIT				☐ Change	Addition
NAME (JUHNSON NAMEY 4431 LANDOVER DI	l	2.2 NA	ME				
STREET ADDRESS	4431 LANDOVER D	$\psi \nu$.		REET ADDRESS				
STREET AUDRESS	SPRING Hill, Fl. 34	609	1	TY-ST-ZIP				
CITY-ST-ZIP	7	□ DELETE	3.1 TIT		·		Change	Addition
	Norrell Michael	,	3.2 NA				_ •	
NAME	PO-BOX 491615-N	/A		REET ADDRESS	ا المجنية يحسينين شفقة وهيدر الحارات		جند	ur anan e e
STREET ADDRESS	LEES BURG, Fl. 3474							
CITY-ST-ZIP		□ DELETE	3.4. CIT	TY-ST-ZIP			☐ Change	Addition
TITLE	Braitmas Parthon	WIR.						
NAME	PipitoNE ANTHON	1e.	4. 2 NA					
STREET ADDRESS	וא שיים לווא וכטן	774/7		REET ADDRESS				
CITY-ST-ZIP	Hillsboro Beach, Fl.	→ DELETE	_	ry-ST-ZiP			Change	Addition
TITLE	Puttere Fred W 301 Highland St. Brooksville, Fl. 3) December	5.1 Tit 5.2 NA					_,
NAME	Pulled St	5		REET ADDRESS				
STREET ADDRESS	301 HIGH 10 CT	24/6/)
CITY-ST-ZIP	Brooksville, Fl. 5	96 0 □ DELETE	5.4 CIT	Y-ST-ZIP			Change	Addition
TITLE	·	☐ DETE IE		}				[] Addition
NAME			6.2 NA	ł				ļ
STREET ADDRESS				REET ADDRESS	•			
CITY-ST-ZIP				Y-ST-ZIP			or or all t	
14. I hereby cert	ify that the information supplied with this annual report or supplemental a	this filing does not qualify for noual report is true and accur	the exer	nption stated in S that my signature	ection 119.07(3)(i), Florida Statutes shall have the same legal effect as	. I turther cert if made unde	ry that the ir r oath: that l	normation 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, with all other like empowered.

SIGNATURE: