

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000003667 (1)**

1. Corporation Name

**NEW WAY OF LIFE MINISTRIES, INC.**



Principal Place of Business

Mailing Address

1925 TENTH AVENUE  
VERO BEACH FL 32960

1925 TENTH AVENUE  
VERO BEACH FL 32960

3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0600731

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



24

25 Country

29

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSWARD, TIM REV.  
1925 TENTH AVENUE  
VERO BEACH FL 32960

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 officer 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARLSWARD, TIM REV.	
STREET ADDRESS	1925 TENTH AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTLER, RAY	
STREET ADDRESS	164 FREEPORT CAY	
CITY - ST - ZIP	VERO BEACH FL 32966	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLE, ROY	
STREET ADDRESS	6050 FIRST STREET SW	
CITY - ST - ZIP	VERO BEACH FL 32968	
TITLE	<del>FOOTER, RICK</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>FOOTER, RICK</del>	
STREET ADDRESS	<del>415 87TH AVENUE</del>	
CITY - ST - ZIP	<del>VERO BEACH FL 32966</del>	
TITLE	<del>ALDRIDGE, MIKE</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ALDRIDGE, MIKE</del>	
STREET ADDRESS	<del>1455 90TH AVENUE</del>	
CITY - ST - ZIP	<del>VERO BEACH FL 32966</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD HARRIS, JACK
4.3 STREET ADDRESS	250-11 AVENUE
4.4 CITY - ST - ZIP	VERO BEACH, FLORIDA 32962
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 changed, or on an attachment with an address.

SIGNATURE: *Tim Carlsward* (REV.) TIM CARLSWARD

FEB. 13, 1996 (407) 770-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)