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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 329601925 TENTH AVENUE  
VERO BEACH FL 32960-53483. Date Incorporated or Qualified  
08/01/19953a. Date of Last Report  
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 4972 Tangerine Ave

26 4972 Tangerine Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NA

27 NA

City &amp; State

City &amp; State

23 Winter Park FL

28 Winter Park FL

Zip

Country

Zip

Country

24 32792

25 Orange

29 32792

30 Orange

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Rev. Timothy Carlsward

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

4972 Tangerine Ave

83

84 City

Winter Park

FL

85 Zip Code

32792

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 617.000, Florida Statutes.

SIGNATURE

Rev. Timothy P. Carlsward

2-12-97

Signature: typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CARLSWARD, TIM REV.  
STREET ADDRESS 1925 TENTH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960☐ DELETE1.1 TITLE PD  
1.2 NAME Carlsward, Timothy Rev.  
1.3 STREET ADDRESS 4972 Tangerine Ave  
1.4 CITY-ST-ZIP Winter Park, FL 32792☒ Change ☐ AdditionTITLE VD  
NAME BUTLER, RAY  
STREET ADDRESS 164 FREEPORT CAY  
CITY-ST-ZIP VERO BEACH FL 32968☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD  
NAME COLE, ROY  
STREET ADDRESS 6050 FIRST STREET SW  
CITY-ST-ZIP VERO BEACH FL 32968☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE SD  
NAME HARRIS, JACK  
STREET ADDRESS 250 11TH AVE  
CITY-ST-ZIP VERO BEACH FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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: Rev. Timothy P. Carlsward (Rev)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. Carlsward 2-12-97

107-679-9581

Date

Daytime Phone # 0020513

CR2E037 (9/96)