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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 32960-5348

3. Date Incorporated or Qualified
08/01/1995

3a. 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 & State

City & State

23 Winter Park FL

28 Winter Park FL

Zip

Country

Zip

Country

24 32792

25 Orange

29 32792

30 Orange

4. FEI Number
65-0600731

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Yes No

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
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 617.005, Florida Statutes.

SIGNATURE
Rev. Timothy P. Carlsward

2-12-97

Signature: typed or printed name of registered agent, 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

1.1 TITLE PD
1.2 NAME Carlsward, Timothy Rev.
1.3 STREET ADDRESS 4972 Tangerine Ave
1.4 CITY-ST-ZIP Winter Park, FL 32792

TITLE VD
NAME BUTLER, RAY
STREET ADDRESS 164 FREEPORT CAY
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE TD
NAME COLE, ROY
STREET ADDRESS 6050 FIRST STREET SW
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE SD
NAME HARRIS, JACK
STREET ADDRESS 250 11TH AVE
CITY-ST-ZIP VERO BEACH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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) Timothy P. Carlsward 2-12-97 107-679-9581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020513

CR2E037 (9/96)