FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAR 20 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092221

1. Corporation Name
New Life International, Inc.

Principal Place of Business
305 Mountain Rd.
Suite F
Destin, Fl. 32541

Mailing Address
Same

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/94
3a. Date of Last Report:

2. Principal Place of Business
21: 305 Mountain Rd
22 Suite, Apt. #, etc.: Suite F
23 City & State: Destin, Fl.
24 Zip: 32541
25 Country: Okaloosa

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.: Same
28 City & State: Same
29 Zip:
30 Country:

4. FEI Number: 59-327-4061 ☐ 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
81 Name: Georgenna M Lunsford
82 Street Address (P.O. Box Number is Not Acceptable): 605 Sea View Circle
83
84 City: Destin FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Estill Lunsford 605 Sea View Circle Destin, Fl. 32541	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001435705 -03/22/95--01003--016 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres V. Winona Martin 427 Benning Dr. Destin, Fl. 32541	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition V Pres. Georgenna Lunsford 605 Sea View Circle Destin, Fl. 32541
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres. John Martin 427 Benning Dr. Destin, Fl. 32541	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Remove
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treas. Georgenna M. Lunsford 605 Sea View Circle Destin, Fl. 32541	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition RC

I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Georgenna Lunsford — 2/27/95 — 904-837-1772
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #