2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N02000006715

Entity Name: COMMUNITY NEW LIFE FELLOWSHIP CORP.

Current Principal Place of Business:

3969 COCOPLUM CIRCLE
COCONUT CREEK, FL 330635963 US

New Principal Place of Business:

Current Mailing Address:

3969 COCOPLUM CIRCLE
COCONUT CREEK, FL 330635963 US

New Mailing Address:

FEI Number: 32-0029210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILER, GRETL CPA, PA
105 S. STATE RD. 7
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREIRA, ILMAR A
Address: 3969 COCOPLUM CIRCLE
City-St-Zip: COCONUT CREEK, FL 330635963

Title: 1VPD ( ) Delete
Name: PEREIRA, MARTA A
Address: 3969 COCOPLUM CIRCLE
City-St-Zip: COCONUT CREEK, FL 330535963

Title: 2VPD ( ) Delete
Name: BARBOSA, SERGIO
Address: 218 NW 8TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: TD ( ) Delete
Name: BARBOSA, ELIAS A
Address: 218 NW 8TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: SD ( ) Delete
Name: OLIVEIRA, LUIZ CLAUDIO
Address: 355 PEEBLE STONE LN
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 2 SD ( ) Change (X) Addition
Name: MILAN, ROSA M
Address: 7620 NW 18TH STREET APT 204
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILMAR ALVES PEREIRA PD 01/07/2004

Electronic Signature of Signing Officer or Director — Date