

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008236

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: LIFE ANEW MINISTRIES, INC.

**Current Principal Place of Business:**

734 N.W. 163 AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

734 N.W. 163 AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-5582195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELEZ, MAYRA  
734 N.W. 163 AVENUE  
PEMBROKE PINES, FL 33028 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: P ( ) Delete  
Name: VELEZ, AUSTIN  
Address: 734 N.W. 163 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete  
Name: VELEZ, MAYRA  
Address: 734 N.W. 163 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: VELEZ, SHARON M  
Address: 734 N.W. 163 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: KHAN, MARTINE F  
Address: 10341 S.W. 100 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: FERNANDEZ, JUANCARLOS  
Address: 2021 SW 150 AVE.  
City-St-Zip: MIAMI, FL 33185

Title: D (X) Delete  
Name: RIVERA, MARGARITA  
Address: 704 AVENIDA FERNANDEZ-JUNCOS APT. 7  
City-St-Zip: SAN JUAN, PR 00912

**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: D (X) Change ( ) Addition  
Name: FERNANDEZ, JUAN CARLOS  
Address: 2021 SW 150 AVE.  
City-St-Zip: MIAMI, FL 33185

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAYRA VELEZ

V

04/26/2009

Electronic Signature of Signing Officer or Director

Date