## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41711

FILED Jun 16, 2009 Secretary of State

P O BOX 540926 OPA LOCKA, FL 33054  FEI Number: 65-0220051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  LARKIN, JIMMYE F DR 2011 NW 151ST STREET OPA LOCKA, FL 33054 US  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: 2011 NW 151ST STREET Address: ( ) Change ( ) Addition Name: ( ) Colety, RALPH Name: ( ) Change ( ) Addition Name: ( ) Colety, RALPH Name: ( ) Change ( ) Addition Name: ( ) Colety, RALPH Name: ( ) Change ( ) Addition Name: ( ) Colety, RALPH Name: ( ) Change ( ) Addition Name: ( ) Colety, RALPH Name: ( ) Colety, RAL	Entity Na			
Address:  Applied BAHMAN AVENUE OPA LOCKA, FL 33054  Current Mailing Address:  P O BOX 540926 OPA LOCKA, FL 33054  FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) in accordance with s. 607.1994(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  DPA LOCKA, FL 33054  US  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Name:  LARKIN, JIMMYE F DR  Name:  LARKIN, JIMMYE F DR  Name:  Address:  2011 NW 151ST STREET  Address:  City-St-Zip:  Title:  SD () Delete  Title: () Change () Addition  Name:  Address:  City-St-Zip:  City-S		ame: NEW FELLOWSHIP CHRISTIAN CEI	NTER, INC.	
Current Mailing Address:  Current Mailing Address:  PO BOX 540926  POPA LOCKA, FL 33054  FEI Number: 65-0220051 In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Department of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Current F	Principal Place of Business:	New Principal Place of Business:	
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Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: PD () Delete Title: () Change () Addition Name: LARKIN, JIMMYE F DR Name: Address: City-St-Zip: OPA LOCKA, FL 33054  Title: SD () Delete Title: () Change () Addition Name: COLEY, RALPH Name: Address: City-St-Zip:  Title: DR () Delete Title: () Change () Addition Name: Coley, RALPH Name: Address: City-St-Zip:  Title: DR () Delete Title: () Change () Addition Name: LARKIN, DERRICK Name: LARKIN, DERRICK Name: LARKIN, DERRICK Address: 2038 NW 152 STREET			e purpose of changing its registered office or registere	ed agent, or both,
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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: JIMMYE LARKIN PD 06/16/2009