

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001344

FILED
Jul 12, 2006
Secretary of State

Entity Name: NEW LIFE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

6734 PEMBROKE PINES RD
PEMBROKE PINES, FL 33023

New Principal Place of Business:

6734 PEMBROKE RD
PEMBROKE PINES, FL 33023

Current Mailing Address:

6734 PEMBROKE PINES RD
PEMBROKE PINES, FL 33023

New Mailing Address:

6734 PEMBROKE RD
PEMBROKE PINES, FL 33023

FEI Number: 20-1414689 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PATTERSON, CASSANDRA
6734 PEMBROKE PINES RD
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

PATTERSON, CASSANDRA
6734 PEMBROKE RD
PEMBROKE PINES, FL 33023 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: _____

07/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTERSON, CASSANDRA
Address: 17630 SW 32 ST
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: SMITH, CHERRY
Address: 3230 NW 135 ST
City-St-Zip: MIAMI, FL 33054

Title: SD () Delete
Name: ROBINSON, SHELIA
Address: 1040 NE 196 TER
City-St-Zip: MIAMI, FL 33179

Title: TD () Delete
Name: GELIN, GISELE
Address: 4762 NW 1 ST
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: WILLIAMS, PHYLIS
Address: 17982 SW 29 LANE
City-St-Zip: MIRAMAR, FL 33029

Title: TD (X) Change () Addition
Name: HAMILTON, SANDRA
Address: 17990 NW 22 CT
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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: CASSANDRA PATTERSON

PD

07/12/2006

Electronic Signature of Signing Officer or Director

Date