## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000001493

**Entity Name: NEW LIFE LEARNING CENTER INC** 

**Current Principal Place of Business:** 

2487 NW 21ST STREET FORT LAUDERALE, FL 33311

**Current Mailing Address:** 

4931 WEST SAMPLE ROAD APT.111

COCONUT CREEK, FL 33073 US

FEI Number: 65-0405145 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, FAYE 4931 WEST SAMPLE ROAD APT. 111 COCONUT CREEK, FL 33073 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: FAYE MILLER 10/12/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title FOUNDER/PRESIDENT Title **OFFICER** 

MILLER, FAYE FOUNDER Name Name ROSS, LAURA EVANGELIST Address 4931 WEST SAMPLE RD. Address 2487 NW 21ST STREET

FT. LAUDERDALE FL 33311 City-State-Zip: COCONUT CREEK FL 33073 City-State-Zip:

Title **SECRETARY OFFICER** Title

THIGPEN, FRANCES CHURCH INNOCENT, ALECXINA Name Name

**MOTHER** 

790 NE 45TH STREET Address 5967 NW 74TH TERR. Address City-State-Zip: POMPANO FL 33064

City-State-Zip: PARKLAND FL 33069

**OFFICER** Title Title **OFFICER** 

BROOKS, PATRICIA CHURCH Name FIELDS. CHRISTINE EVANGELIST Name **MOTHER** 

Address 2487 NW 21ST STREET 2487 NW 21ST STREET Address

City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311

Title Title **OFFICER** 

Name MILLER, CURTIS JR. Name HARRIS, ANNIE

Address 4931 WEST SAMPLE ROAD Address 2487 NW 21ST STREET

APT.111

City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: COCONUT CREEK FL 33073

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I hereby 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 all other like empowered.

10/12/2021 SIGNATURE: FAYE O. MILLER FOUNDER/PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** 

Oct 12, 2021

Secretary of State 5509387133CC

## Officer/Director Detail Continued:

Title PASTOR

Name HILL, DARRIN

Address 2487 NW 21ST STREET

City-State-Zip: FORT LAUDERALE FL 33311

Title OFFICER

Name MILLER, MARILYN

Address 2487 NW 21ST STREET

City-State-Zip: FORT LAUDERALE FL 33311

Title DEACON

Name MILLER, EDDIE

Address 2487 NW 21ST STREET

City-State-Zip: FORT LAUDERRDALE FL 33311