

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001493

Entity Name: NEW LIFE LEARNING CENTER INC

Current Principal Place of Business:

2487 NW 21TH STREET
FORT LAUDERDALE, FL 33311

FILED
May 04, 2020
Secretary of State
6151439704CR

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, CURTIS T
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: CURTIS T. MILLER

05/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MILLER, CURTIS T
Address 4931 WEST SAMPLE ROAD
APT.111
City-State-Zip: COCONUT CREEK FL 33073

Title D
Name MILLER, FAYE
Address 4931 WEST SAMPLE ROAD
APT.111
City-State-Zip: COCONUT CREEK FL 33073

Title D
Name THIGPEN, FRANCES
Address 5967 NW 74 TERR
City-State-Zip: PARKLAND FL

Title SECRETARY
Name INNOCENT , ALECXINA
Address 790 N E 45TH STREET
City-State-Zip: POMPANO BEACH FL 33064

Title D
Name MILLER, EDDIE L.
Address 1103 SW 15 ST APT 101
City-State-Zip: DEERFIELD BEACH FL 33441

Title D.
Name BROOKS, PATRICIA
Address 911 SW 15TH STREET
405
City-State-Zip: POMPANO FL 33060

Title D
Name MILLER, CURTIS THOMAS JR.
Address 2711 NE 2ND AVENUE
City-State-Zip: POMPANO BEACH FL 33064

Title D
Name HILL, DARRIN R
Address 3410 CHARLESTON BLVD
City-State-Zip: FT. LAUDERDALE FL 33312

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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.

SIGNATURE: FAYE MILLER

D

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HARRIS, ANNIE
Address 790 N E 45TH STREET
City-State-Zip: POMPANO FL 33064