

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733180**

1. Entity Name  
NEW LIFE BAPTIST CHURCH OF CAROL CITY, INC..



Principal Place of Business  
5005 N.W. 173RD DRIVE  
CAROL CITY, FL 33055

Mailing Address  
5005 N.W. 173RD DRIVE  
CAROL CITY, FL 33055

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-1608525

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PRICE, RANDOLPH  
4402 NW 204TH ST.  
MIAMI, FL 33055

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CUMMINGS, ERIK  
STREET ADDRESS 5005 NW 173 DRIVE  
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE ST  
NAME PRICE, RANDOLPH  
STREET ADDRESS 4402 NW 204TH ST.  
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE D  
NAME GARVIN, JOANN  
STREET ADDRESS 5005 N.W. 173 DRIVE  
CITY-ST-ZIP MIAMI, FL 33055

TITLE D  
NAME KERR, SYLVIA  
STREET ADDRESS 5005 N.W. 173 DRIVE  
CITY-ST-ZIP MIAMI, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000588298  
01/18/07-80010-017 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Date

Daytime Phone #