

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733180

**FILED**  
**May 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1608525      **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:**

PRICE, RANDOLPH  
5005 NW 173RD DRIVE  
MIAMI, FL 33055 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:**

**Title:** PD  
**Name:** CUMMINGS, ERIK  
**Address:** 5005 NW 173 DRIVE  
**City-St-Zip:** OPA LOCKA, FL 33055

**Title:** ST  
**Name:** PRICE, RANDOLPH  
**Address:** 5005 NW 173RD DRIVE  
**City-St-Zip:** OPA LOCKA, FL 33055

**Title:** D  
**Name:** GARVIN, JOANN  
**Address:** 5005 N.W. 173 DRIVE  
**City-St-Zip:** MIAMI, FL 33055

**Title:** D  
**Name:** KERR, SYLVIA  
**Address:** 5005 N.W. 173 DRIVE  
**City-St-Zip:** MIAMI, FL 33055

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: ERIK D. CUMMINGS

PD

05/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date