

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763758

FILED
Mar 12, 2009
Secretary of State

Entity Name: NEW LIFE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1365 N.W. 54TH ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1365 N.W. 54TH ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 58-2311667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLASFORD, FRANK J REV
2755 NW 168TH TERRACE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

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 () Delete
Name: GLASFORD, FRANK J
Address: 2755 NW 168TH TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: VD () Delete
Name: GLASFORD, FRANKLYN J
Address: 2966 SW 137 AV
City-St-Zip: MIRAMAR, FL 33027

Title: 1VD () Delete
Name: GRANT, ANTHONY
Address: 3344 NW 197 ST
City-St-Zip: CAROL CITY, FL 33056

Title: ST () Delete
Name: WILLIAMS, ANNE
Address: 661 NW 52 ST
City-St-Zip: MIAMI, FL 33127

Title: AT () Delete
Name: GLASFORD, SHIRLEY
Address: 2755 NW 168 TER
City-St-Zip: OPA LOCKA, FL 33056

Title: S () Delete
Name: CHAMBERS, ALTHEA
Address: 4250 NW 191 TER
City-St-Zip: CAROL CITY, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHIRLEY GLASFORD

AT

03/12/2009

Electronic Signature of Signing Officer or Director

Date