

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000760

FILED
Jan 09, 2007
Secretary of State

Entity Name: NEW LIFE BAPTIST CHURCH OF DAVIE, INC.

Current Principal Place of Business:

2400 S PINE ISLAND RD
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2400 S PINE ISLAND RD
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0646734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, MARK
4979 SW 90 AVENUE
COOPER CITY, FL 33328 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: COLEMAN, MARK
Address: 4979 SW 90 AVE
City-St-Zip: COOPER CITY, FL 33328

Title: SD () Delete
Name: RABE, JOHN
Address: 9300 SW 55 STREET
City-St-Zip: COOPER CITY, FL 33328

Title: VTD () Delete
Name: COLEMAN, CLELL
Address: 3379 LAKESIDE DRIVE
City-St-Zip: DAVIE, FL 33328

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK COLEMAN

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date