

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005068

FILED
Mar 04, 2008
Secretary of State

Entity Name: NEW LIFE WORSHIP CENTER OF FT LAUDERDALE INC.

Current Principal Place of Business:

5450 SOUTH STATE RD 7
SUITE # 1
HOLLYWOOD, FL 33314

New Principal Place of Business:

Current Mailing Address:

3556 SW 14TH ST.
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-1146065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOD, DARRYLLE G PRES.
3556 SW 14TH ST.
FORT LAUDERDALE, FL 33312 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: PRES () Delete
Name: HOOD, DARRYLLE G BISHOP
Address: 3556 SW 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T () Delete
Name: LATIMORE, PRISCILLA TRUSTEE
Address: 3555
City-St-Zip: SW 14TH STREET, FL 33312

Title: T () Delete
Name: WATSON, JACKLYN TRUSTEE
Address: 2640 NW 44TH AVE
City-St-Zip: LAUDERHILL, FL 33313

Title: SEC () Delete
Name: GASKIN, BETTY ADMIN
Address: 4430 SW 54TH STREET APT 3
City-St-Zip: HOLLYWOOD, FL 33023

Title: TR () Delete
Name: ROMAIN, JEMMA TREASUR
Address: 3555 SW 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: HOOD, ANGELA N PASTOR
Address: 3556 SW 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

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: DARRYLLE HOOD

PRES

03/04/2008

Electronic Signature of Signing Officer or Director

Date