

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2009
Secretary of State**

DOCUMENT# N01000005973

Entity Name: NEW LIFE COMMUNITY CENTER, INC.

Current Principal Place of Business:

2451 NW 79TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2451 NW 79TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-1116305 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:

GOODEN, SHEENA REV
13241 NW 22ND CT
MIAMI, FL 33167 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: P () Delete
Name: GOODEN, SHEENA
Address: 1324 NW 22ND CT
City-St-Zip: MIAMI, FL 33167

Title: T () Delete
Name: STRAKER, KESIZA
Address: 19021 NW 23RD CT
City-St-Zip: MIAMI, FL 33056

Title: S () Delete
Name: FISHER, SONYA
Address: 2136 NW 91TH ST #B
City-St-Zip: MIAMI, FL 33147

Title: MD () Delete
Name: JONES, TAMEKIA
Address: 13241 NW 22ND CT
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: FISHER, SONYA
Address: 2451 NW 79TH STREET
City-St-Zip: MIAMI, FL 33147

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: KESIZA STRAKER

T

06/30/2009

Electronic Signature of Signing Officer or Director

Date