

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006858

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NEW LIFE MINISTRIES MIAMI, INC. OF CHRISTIAN LIFE MISSION

**Current Principal Place of Business:**

14357 SW 139 CT  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14357 SW 139 CT  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-1140614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ACOSTA, LEONARDO JR.  
14469 SW 158 PLACE  
MIAMI, FL 33196 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: ACOSTA, LEO JR  
Address: 14469 SW 158 PL  
City-St-Zip: MIAMI, FL 33196

Title: VP ( ) Delete  
Name: ACOSTA, LEO SR.  
Address: 17757 SW 146 COURT  
City-St-Zip: MIAMI, FL 33177

Title: SEC ( ) Delete  
Name: DIEGUEZ, SANDRA  
Address: 14495 SW 173 ST  
City-St-Zip: MIAMI, FL 33177

Title: TD ( ) Delete  
Name: ACOSTA, ANIKA  
Address: 14469 SW 158 PL  
City-St-Zip: MIAMI, FL 33196

**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  
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: LEONARDO ACOSTA

P

04/14/2009

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

\_\_\_\_\_  
Date