

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 007 ****70.00

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1. Entity Name

NEW LIFE FAMILY WORSHIP CENTER, INC.



Principal Place of Business

3800-02 NW 167TH ST
MIAMI FL 33054

Mailing Address

2624 ALCAZAR DR
MIRAMAR FL 33023

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8860 S.W. 10 Street
Pembroke Pines, Florida
33025 Broward

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1152707

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYCE, BARBARA J
2624 ALCAZAR DR
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BOYCE, BARBARA J J
STREET ADDRESS 2624 ALCAZAR DR
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete
NAME WATTS HEPBURN, TERESA
STREET ADDRESS 2513 FLAMINGO DRIVE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Delete
NAME MCKOY, CATHY
STREET ADDRESS 2624 ALCAZAR DR
CITY-ST-ZIP MIRAMAR FL 33023

TITLE T ☐ Delete
NAME PASLEY, MALINDA
STREET ADDRESS 4601 NW 183 STREET #86
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Boyce BARBARA BOYCE 2-21-07 305623-0054