2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# N01000008202

Entity Name: NEW LIFE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

3800-02 NW 167TH ST
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

8860 SW 10 ST
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 65-1152707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYCE, BARBARA J
2624 ALCAZAR DR
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

BOYCE, BARBARA J
8860 SW 10 ST
PEMBROKE PINES, FL 33025 US

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: 03/28/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOYCE, BARBARA J J
Address: 2624 ALCAZAR DR
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: WATTS HEPBURN, TERESA
Address: 2513 FLAMINGO DIRVE
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: MCKOY, CATHY
Address: 2624 ALCAZAR DR
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete
Name: PASLEY, MALINDA
Address: 4601 NW 183 STREET #86
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOYCE, BARBARA J J
Address: 8860 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33025

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

Title: D (X) Change ( ) Addition
Name: MCKOY, CATHY
Address: 8860 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33025

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: BARBARA BOYCE PD 03/28/2008
Electronic Signature of Signing Officer or Director — Date