

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008202

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

3914 NW 167TH ST  
MIAMI, FL 33054

**New Principal Place of Business:**

3914 NW 167TH ST  
MIAMI GARDENS, FL 33054

**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 (X)**

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

BOYCE, BARBARA J  
8860 SW 10 ST  
PEMBROKE PINES, FL 33025      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: PD  
Name: BOYCE, BARBARA J J  
Address: 8860 SW 10 ST  
City-St-Zip: PEMBROKE PINES, FL 33025

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

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

Title: T  
Name: MYERS, TIFFANY L  
Address: 1301 NW 172ND STREET  
City-St-Zip: MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: PASTOR BARBARA J. BOYCE

PD

02/29/2012

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

\_\_\_\_\_  
Date