

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40005751



DOCUMENT # N03000001231			
1. Entity Name NATIONAL CHRISTIAN LIFE COMMUNITY OF MIAMI, INC.			
Principal Place of Business 445 ZAMORA AVE CORAL GABLES, FL 33134		Mailing Address 445 ZAMORA AVE CORAL GABLES, FL 33134	
2. Principal Place of Business 9390 W FLAGLER ST Suite, Apt. #, etc. APT # 108 City & State MIAMI - FL Zip 33174 Country USA		3. Mailing Address 9390 W FLAGLER ST Suite, Apt. #, etc. APT # 108 City & State MIAMI - FL Zip 33174 Country USA	
4. FEI Number 30-0212873		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01202006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent LEON, HERMINIA(MIMI) 9390 W. FLAGLER ST. APT 108 MIAMI, FL 33174		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			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VAZQUEZ, GUILLERMINA 400-95 ST SURFSIDE, FL 33154 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GONZALEZ-ANLEO, ROSALIA 928 MALAGA PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROSALIA GONZALEZ-ANLEO 1531 SW 190 AVENUE PEMBROKE PINES FL 33029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEON, HERMINIA(MIMI) 9390 W FLAGLER ST., APT 108 MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: <u>Rosalia Gonzalez-Anleo TD</u>		Date <u>1-23-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	