2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# N03000001231

Entity Name: NATIONAL CHRISTIAN LIFE COMMUNITY OF MIAMI, INC.

Current Principal Place of Business:

9390 W FLAGLER ST
APT 108
CORAL GABLES, FL 33134

New Principal Place of Business:

9390 W FLAGLER ST
APT 108
MIAMI, FL 33174

Current Mailing Address:

9390 W FLAGLER ST
APT 108
CORAL GABLES, FL 33134

New Mailing Address:

9390 W FLAGLER ST
APT 108
MIAMI, FL 33174

FEI Number: 30-0212873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEON, HERMINIA(MIMI)
9390 W. FLAGLER ST.
APT 108
MIAMI, FL 33174 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: ROSA, MASO
Address: 8851 SW 52 ST
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: RODRIGUEZ, ANA C
Address: 231 NW 109 DR #202
City-St-Zip: MIAMI, FL 33172

Title: TD ( ) Delete
Name: IGLASIAS, MARCIA E
Address: 8851 SW 52 ST
City-St-Zip: MIAMI, FL 33165

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:

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: H G LEON MS 07/22/2009

Electronic Signature of Signing Officer or Director — Date