

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005605

FILED  
Aug 28, 2006  
Secretary of State

**Entity Name:** ASSEMBLY OF GOD NEW LIFE IN HOLLYWOOD, INC.

**Current Principal Place of Business:**

517 S 21 AVE  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

9551 WELM LANE  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 20-0065621      **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:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064      US

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

CSG - CAPITAL SERVICES GROUP INC  
822 SE 9TH  
PALM PLAZA  
DEERFIELD BEACH, FL 33441      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: NOE FULGENCIO ROSA

08/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSA, NOE FULGENCIO  
Address: 517 S 21 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD ( ) Delete  
Name: DUTRA, EDILSON  
Address: 517 S 21 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: T ( ) Delete  
Name: AKIRA YAMASAKI, SILVANO  
Address: 517 S 21 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S ( ) Delete  
Name: SOUZA, MARTA DE  
Address: 517 S 21 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: T ( ) Delete  
Name: CORREA, MARIA B  
Address: 517 S 21 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S ( ) Delete  
Name: CATHARINO, LILIAN  
Address: 517 S 21 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

**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:

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 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: NOE FULGENCIO ROSA

P

08/28/2006

Electronic Signature of Signing Officer or Director

Date