

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005605

FILED
Jan 16, 2007
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 ()

Name and Address of Current Registered Agent:

CSG - CAPITAL SERVICES GROUP INC
822 SE 9TH
PALM PLAZA
DEERFIELD BEACH, FL 33441 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, 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: T (X) Change () Addition
Name: MELO, WELLSON E
Address: 517 S 21 AVE
City-St-Zip: HOLLYWOOD, FL 33020

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: EDILSON DUTRA

PD

01/16/2007

Electronic Signature of Signing Officer or Director

Date