

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 042 ****61.25

DOCUMENT # N03000009114

1. Entity Name
NEW LIFE IN THE WORD OF GOD MINISTRY MISSION,
INC.



Principal Place of Business
1361 NW 29 AVE
FT LAUDERDALE, FL 33311

Mailing Address
84 NW 34TH AVE
FT LAUDERDALE, FL 33311

4003000



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0635779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, TONY D
84 NW 34 AVE
FT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MITCHELL, TONY D
84 NW 34 AVE
FT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MITCHELL, FRANCINE
84 NW 34 AVE
FT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GOSIER, KENNETH
3471 NW 4TH CT
FT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WRIGHT, MICHAEL
2767 NW 9TH PLACE
FT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WILLIAMS, ROBERTA
821 SW 2ND STREET
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
PARRIS, LILLIE M
773 WEST DAYTON CIR
FORT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 937-336-9713

ATTACHMENT

40099609

N03000009114

FT LAUDERDALE, FL 33311

S

ROBERTA WILLIAMS

821 SW 2ND STREET

FORT LAUDERDALE, FL 33312

C

LILLIE M PARRIS

773 WEST DAYTON CIR

FORT LAUDERDALE, FL 33312

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

If you need to make
changes to the above
information, please
select: