

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001817

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NEW ALPHA WORSHIP CENTER, INC.

**Current Principal Place of Business:**

44 NORTHWEST 150TH STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

44 NORTHWEST 150TH STREET  
MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 20-2382809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, ANGELA E  
205 S.W. 67TH TERRACE  
PEMBROKE PINES, FL 33023 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: PD ( ) Delete  
Name: WILLIAMS, ERROL E  
Address: 44 NORTHWEST 150TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: VPD ( ) Delete  
Name: WILLIAMS, ANGELA E  
Address: 205 S.W. 67TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete  
Name: DAUBON, GLORIA  
Address: 8620 NW 3 RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: WILLIAMS, RONA  
Address: 6714 S. PARKWAY DRIVE  
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete  
Name: HENRY, IDENA  
Address: 4301 N.W. 201ST TERRACE  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DAVIDSON, MAVIS  
Address: 631 NW 183RD STREET  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HENRY, REGINALD  
Address: 4301 N.W. 201ST TERRACE  
City-St-Zip: MIAMI, FL 33055

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: ANGELA E WILLIAMS

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date