


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90011 024 ****75.00

DOCUMENT # N06000003657 1. Entity Name NEW RESURRECTION PENTECOSTAL MINISTRIES, INC.					
Principal Place of Business 3151 N W 16TH STREET FT LAUDERDALE FL 33311			Mailing Address 3151 N W 16TH STREET FT LAUDERDALE FL 33311		
2. Principal Place of Business - No P.O. Box # NEW RESURRECTION PENTECOSTAL MINISTRIES INC/ Suite, Apt. #, etc. 83 N.W. 15 place		3. Mailing Address Suite, Apt. #, etc. City & State pompano Beach FL			
City & State pompano Beach FL		City & State 		4. FEI Number 56-2570489	
Zip 33060		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, WILLIE 3151 N W 16TH STREET FT LAUDERDALE FL 33311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HALL, WILLIE 3151 N W 16TH STREET FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD HALL, ALBERTA 3151 N W 16TH STREET FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SCOTT, BEVERLY 2217 S W 5TH PLACE FT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	sd Barbara Alford 2607 N.W. 139th Terr #102 Lauderdale Lakes Fl. 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HANNOR, ANNIE 1938 BAYWIND CT TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	ID Elizabeth Smith 721 n/w 35 ave Fort Lauderdale Fla 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Willie Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954) 485-6563