2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N06000003983

Entity Name: NEW LIFE HUMAN DEVELOPMENT SERVICES INC.

Current Principal Place of Business:

5450 SOUTH STATE ROAD 7
#1
HOLLYWOOD, FL 33314

New Principal Place of Business:

Current Mailing Address:

5450 SOUTH STATE ROAD 7
#1
HOLLYWOOD, FL 33314

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

NEW LIFE WORSHIP CENTER OF FT. LAUDERDALE
5450 SOUTH STATE ROAD 7
#1
HOLLYWOOD, FL 33314 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: PRES ( ) Delete
Name: HOOD, DARRYLLE
Address: 3556 SW 14TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: HOOD, ANGELA
Address: 3556 SW 14TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: TR ( ) Delete
Name: ROMAIN, JEMMA
Address: 3555 SW 14TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: SEC ( ) Delete
Name: GASKIN, BETTY
Address: 4430 SW 54TH STREET #3
City-St-Zip: HOLLYWOOD, FL 33314

Title: SEC ( ) Delete
Name: LATIMORE, PRISCILLA
Address: 3555 SW 14TH STREET
City-St-Zip: FT LAUDERDALE, FL 33312

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: SEC (X) Change ( ) Addition
Name: DIXON, CHARRITA
Address: 5450 SOUTH STATE RD 7 #1
City-St-Zip: HOLLYWOOD, FL 33314

Title: SEC (X) Change ( ) Addition
Name: WATSON, JACKLYN
Address: 5450 SOUTH STATE RD 7 #1
City-St-Zip: HOLLYWOOD, FL 33314

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: DARRYLLE HOOD PRES 07/08/2008

Electronic Signature of Signing Officer or Director — Date