2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003983

FILED Apr 26, 2010 Secretary of State

Entity Name: NEW LIFE HUMAN DEVELOPMENT SERVICES INC.

Current Principal Place of Business: New Principal Place of Business:

5450 SOUTH STATE ROAD 7 3300 NW 9TH AVE

#1 OAKLAND PARK, FL 33309 HOLLYWOOD, FL 33314

Current Mailing Address: New Mailing Address:

5450 SOUTH STATE ROAD 7 3300 NW 9TH AVE

#1 OAKLAND PARK, FL 33309 HOLLYWOOD, FL 33314

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

NEW LIFE WORSHIP CENTER OF FT. LAUDERDALE NEW LIFE WORSHIP CENTER OF FT. LAUDERDALE

5450 SOUTH STATE ROAD 7 3300 NW 9TH AVE

#1 OAKLAND PARK, FL 33309 US HOLLYWOOD, FL 33314 US

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: BISHOP DARRYLLE HOOD 04/26/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

 Name:
 HOOD, DARRYLLE

 Address:
 3556 SW 14TH STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33312

Title: VP

 Name:
 HOOD, ANGELA

 Address:
 3556 SW 14TH STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33312

Title: TR

 Name:
 ROMAIN, JEMMA

 Address:
 3555 SW 14TH STREET

 City-St-Zip:
 FT. LAUDERDALE, FL 33312

Title: SEC

Name: WATSON, JACKLYN

Address: 5450 SOUTH STATE RD 7 #1
City-St-Zip: HOLLYWOOD, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: DARRYLLE HOOD PRES 04/26/2010