

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004005

FILED
Apr 24, 2008
Secretary of State

Entity Name: NEW LIFE COMMUNITY OUTREACH MINISTRIES INC.

Current Principal Place of Business:

6210 SW 63RD TERRACE
MIAMI, FL 331422162

New Principal Place of Business:

Current Mailing Address:

6210 SW 63RD TERRACE
MIAMI, FL 331422162

New Mailing Address:

FEI Number: 01-0898265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCANTS, JAMES
14810 SW 106 AVENUE
MIAMI, FL 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: P () Delete
Name: JEFFERY, JOANN
Address: 6210 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 331422162

Title: V () Delete
Name: MCCANTS, JAMES
Address: 14810 SW 106 AVENUE
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: JONES, CAROLYN
Address: 6210 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 331422162

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:

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: JO ANN JEFFERY

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date