

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010021

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** NEW LIFE SANCTUARY OF MIAMI, INC.

**Current Principal Place of Business:**

16930 SW 212 STREET  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

16930 SW 212 STREET  
MIAMI, FL 33187

**New Mailing Address:**

P.O. BOX 772425  
MIAMI, FL 33177

**FEI Number:** 26-3647101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOPER, DARRELL  
16930 SW 212 STREET  
MIAMI, FL 33187 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: DP ( ) Delete  
Name: COOPER, DARRELL  
Address: 16930 SW 212 STREET  
City-St-Zip: MIAMI, FL 33187

Title: DV ( ) Delete  
Name: COOPER, LISA  
Address: 16930 SW 212 STREET  
City-St-Zip: MIAMI, FL 33187

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

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: DARRELL G. COOPER

MR.

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date