2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900000001

FILED Feb 12, 2009 Secretary of State

Entity Name: NEW LIFE MISSIONARY BAPTIST ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|--------------------------|---|--|--|
| 1650 NW 1 NORTH MI | 24TH ST AMI, FL 33167 | US | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| 1650 NW 1 NORTH MI | 24TH ST AMI, FL 33167 | US | | | |
| FEI Number: | 26-4025939 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| FAIR, JOHN 1650 NW 124TH ST NORTH MIAMI, FL 33167 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: | | | | | |
| Electronic Signature of Registered Agent | | | t | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () DO FAIR, JOHN 1650 NW 124TH S NORTH MIAMI, FL | ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () DO BELL, JOHN 2250 NW 175TH S OPA LOCKA, FL | ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEC () DEPENN, LUCYE 754 SW 3RD ST DANIA, FL 33004 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TRE () D WILLIAMS, EMMI 4250 NW 168TH T MIAMI GARDENS, | TT ERR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | FINA () D MAYCOCK, ERNE 220 NW 187TH ST MIAMI GARDENS, | STEEN r | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | | |

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: JOHN M. FAIR REV 02/12/2009