

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29820

FILED
Apr 19, 2009
Secretary of State

Entity Name: GODLIFE CHURCH, INC.

Current Principal Place of Business:

%RICHARD NAMON
5555 OAKWOOD LANE
CORAL GABLES, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

%RICHARD NAMON
5555 OAKWOOD LANE
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: 65-0133394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAMON, RICHARD LEADER
5555 OAKWOD LANE
CORAL GABLES, FL 33156 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: D () Delete
Name: NAMON, RICHARD
Address: 5555 OAKWOOD LANE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: D () Delete
Name: HERMAN, HENRY
Address: 19667 TURNBERRY WAY
City-St-Zip: MIAMI, FL 33180 US

Title: D () Delete
Name: GILULA, MARSHALL E.
Address: 2510 INAGUA AVE.
City-St-Zip: MIAMI, FL 33133 US

Title: D (X) Delete
Name: NAMON, RICHARD LEADER
Address: 5555 OAKWOOD LANE
City-St-Zip: CORAL GABLES, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NAMON, RICHARD LEADER
Address: 5555 OAKWOOD LANE
City-St-Zip: CORAL GABLES, FL 33156 US

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: RICHARD NAMON

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date