

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41711

FILED
May 01, 2007
Secretary of State

Entity Name: NEW FELLOWSHIP CHRISTIAN CENTER, INC.

Current Principal Place of Business:

240 BAHMAN AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

240 BAHMAN AVENUE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0220051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LARKIN, DR JIMMY F
2011 NW 151ST STREET
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

LARKIN, JIMMYE F DR
2011 NW 151ST STREET
OPA LOCKA, FL 33054 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: JIMMYE F LARKIN

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARKIN, DR. JIMMY F
Address: 2011 NW 151ST STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: SD () Delete
Name: COLEY, RALPH,
Address: 3480 NW 208 TERRACE
City-St-Zip: CAROL CITY, FL

Title: DR () Delete
Name: LARKIN, DERRICK
Address: 2038 NW 152 STREET
City-St-Zip: MIAMI GARDENS, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARKIN, JIMMYE F DR
Address: 2011 NW 151ST STREET
City-St-Zip: OPA LOCKA, FL 33054

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: JIMMYE F LARKIN

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date