

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41711

FILED  
Apr 16, 2008  
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:**

P O BOX 540926  
OPA LOCKA, FL 33054

FEI Number: 65-0220051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LARKIN, JIMMYE F DR  
2011 NW 151ST STREET  
OPA LOCKA, FL 33054 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: PD ( ) Delete  
Name: LARKIN, JIMMYE F DR  
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: ( ) 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: JIMMYE LARKIN

PD

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date