FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2001 8:00 am **DOCUMENT # N47611** Secretary of State 1. Entity Name NEW LIFE PENTECOSTAL CHURCH MIRACLE CENTER INC. 02-14-2001 90021 042 ****70.00 Principal Place of Business-Mailing Address 116 S. 61ST TERRACE 2609 TAFT ST. HOLLYWOOD FL 33023 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ADELEKAN, ADEMOLA 2609 TAFT ST. HOLLYWOOD FL 33020 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ■ Addition Delete NAME NAME FALODUN, ISAAC STREET ADDRESS STREET ADDRESS **201 SW 68 AVENUE** CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Change ☐ Addition TITLE **FSD** ☐ Delete TITLE NAME AJAYI, WILLIAM R STREET ADDRESS STREET ADDRESS 1810 NW 119 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL_33167 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ADELEKAN, ADEMOLA STREET ADDRESS STREET ADDRESS 2609 TAFT ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete ☐ Change ☐ Addition NAME OLAJOYEGBE. OLUMUYIWA STREET ADDRESS 418 SOUTH RAINBOW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete Change | ☐ Addition NAME AKAHBI, COLLINS NAME STREET ADDRESS STREET ADDRESS 7221 GRANDVIEW BLVD. CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33023 TITLE D ☐ Delete TITLE ☐ Addition NAME FAJIMOLU, STELLA O~ NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

2740 SOMERSET DR., #4-409

LAUDERDALE LAKES FL 33311

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

2 12 01 (954)922 864