

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90368 034 ****70.00

DOCUMENT # N47611



1. Entity Name
NEW LIFE PENTECOSTAL CHURCH MIRACLE CENTER INC.

Principal Place of Business
**116 S. 61ST TERRACE
HOLLYWOOD, FL 33023 US**

Mailing Address
**2609 TAFT ST.
HOLLYWOOD, FL 33020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADELEKAN, ADEMOLA
2609 TAFT ST.
HOLLYWOOD, FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FALODUN, ISAAC**
STREET ADDRESS **201 SW 68 AVENUE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **Director** ☐ Change ☒ Addition
NAME **Mr. Sunday Alao**
STREET ADDRESS **6931 SW 28th St**
CITY-ST-ZIP **Miramar 33023**

TITLE **FSD** ☐ Delete
NAME **AJAYI, WILLIAM R**
STREET ADDRESS **1810 NW 119 ST**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ADELEKAN, ADEMOLA**
STREET ADDRESS **2609 TAFT ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **OLAJOYEGBE, OLUMUYIWA**
STREET ADDRESS **418 SOUTH RAINBOW DRIVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **Treasurer Director** ☐ Change ☒ Addition
NAME **Mr. Olaleye Olawale**
STREET ADDRESS **3440 N.W 203st**
CITY-ST-ZIP **MIAMI FLORIDA 33055**

TITLE **D** ☐ Delete
NAME **AKAHBI, COLLINS**
STREET ADDRESS **7221 GRANDVIEW BLVD.**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FAJIMOLU, STELLA O**
STREET ADDRESS **9057 VINEYARD LAKE DR**
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADEMOLA ADELEKAN 4/23/04 954 922 8649

ATTACHMENT

44042157
#N47611

Please Note
the Change &
Addition.

Thanks



4/28/04