2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # N47611 1. Entity Name NEW LIFE PENTECOSTAL CHURCH MIRACLE CENTER INC. Principal Place of Business Mailing Address 116 S. 61ST TERRACE HOLLYWOOD FL 33023 US. 2609 TAFT ST. HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADELEKAN, ADEMOLA Street Address (P.O. Box Number is Not Acceptable) 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. 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTOR 10. 11. PD Addition ☐ Delete TITLE FALODUN, ISAAC NAME NAME 201 SW 68 AVENUE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete HILE OLAWALE, OLALEYE MR. NAME MAME 3440 N.W. 203ST STHEET ADDRESS STREET ADDRESS MIAMI FL 33055 CITY-ST-ZIP CHY-ST-ZIP ☐ Addition Title Delete DITE Change UCOOQO318<u>7</u>77 NAME AKINOLA, BENJAMIN MR. NAME 7281 N.W. 37TH #06 04/20/05-80071-025 70.00 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CHY-ST-ZIP CITY-ST-ZIP ☐ Addition M Change Delete TITLE TITLE AJAYI, JOSHUA MR. NAME NAME 2030 NW 119ST STREET ADDRESS STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE FOLOWOSHELE, SAMUEL MR. NAME NAME 356 W. RIVERBEND DRIVE STREET ADDRESS STREET ADDRESS WESTON FL 33326-2220 CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition ADALEKAN, OLUREMI MRS NAME NAME 2609 TAFT STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP 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 exempte 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

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**FILED**