


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90139 013 \*\*\*\*70.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # N47611</b><br>1. Entity Name<br>NEW LIFE PENTECOSTAL CHURCH MIRACLE CENTER INC.   |   |   |   |                                  |  |
| Principal Place of Business<br>116 S. 61ST TERRACE<br>HOLLYWOOD, FL 33023 US  |   |   | Mailing Address<br>2609 TAFT ST.<br>HOLLYWOOD, FL 33020 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.               |   |  |
| City & State  |   |   | City & State  |   |  |
| Zip   |   | Country   |   | Zip   |  |
| Country   |   | Country   |   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>ADELEKAN, ADEMOLA<br>2609 TAFT ST.<br>HOLLYWOOD, FL 33020  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |   |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   | DATE _____  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FALODUN, ISAAC<br>201 SW 68 AVENUE<br>PEMBROKE PINES, FL 33024            | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | FS<br>OLAWALE, OLALEYE MR.<br>3440 N.W. 203ST<br>MIAMI, FL 33055                | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GS<br>AKINOLA, BENJAMIN MR.<br>7281 N.W. 37TH #06<br>HOLLYWOOD, FL 33024        | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>General Secretary<br/>Mrs Oluyemi Awe<br/>7471 N.W 21st place<br/>Pembroke Pines FL 33024</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>AJAYI, JOSHUA MR.<br>2030 NW 119ST<br>MIAMI, FL 33167                      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>FOLLOWOSHELE, SAMUEL MR.<br>356 W. RIVERBEND DRIVE<br>WESTON, FL 333262220 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ADALEKAN, OLUREMI MRS<br>2609 TAFT STREET<br>HOLLYWOOD, FL 33020           | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <i>Ademola Adelekan</i> (Registered Agent) 3/21/06 934 8649   |   |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |   |  |

**50006988**



03202006 Chg-NP CR2E037 (11/05)