


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE
04/26/07-80047-013 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALODUN, ISAAC 201 SW 68 AVENUE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS OLAWALE, OLALEYE MR. 3440 N.W. 203ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS MES AWE, OLUYEMI 7471 NW 21ST PL PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AJAYI, JOSHUA MR. 2030 NW 119ST MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLOWOSHELE, SAMUEL MR. 356 W. RIVERBEND DRIVE WESTON, FL 333262220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADALEKAN, OLUREMI MRS 2609 TAFT STREET HOLLYWOOD, FL 33020

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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.

SIGNATURE: Ademola Adelekan (Registered agent) 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

921 922-8649