

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90038 039 \*\*\*\*70.00

<b>DOCUMENT # N47611</b> 1. Entity Name <b>NEW LIFE PENTECOSTAL CHURCH MIRACLE CENTER INC.</b>					
Principal Place of Business <b>116 S. 61ST TERRACE HOLLYWOOD, FL 33023 US</b>			Mailing Address <b>2609 TAFT ST. HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		04072008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ADELEKAN, ADEMOLA 2609 TAFT ST. HOLLYWOOD, FL 33020</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u>H/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALODUN, ISAAC 201 SW 68 AVENUE PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Babatunde Ishamel 1431 S. 14th Ave Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS OLAWALE, OLALEYE MR. 3440 N.W. 203ST MIAMI, FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mrs Fola Orindare 14610 South Spur Drive Miami FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS Mrs AWE, OLUYEMI Mrs. 7471 NW 21ST PL PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mr Femi Adewunmi 7960 Plantation Blvd. Miami FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AJAYI, JOSHUA MR. 2030 NW 119ST MIAMI, FL 33167	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLLOWOSHELE, SAMUEL MR. 356 W. RIVERBEND DRIVE WESTON, FL 333262220	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADALEKAN, OLUREMI MRS 2609 TAFT STREET HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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> <u>Ademola Adelekan</u> Registered Agent 4/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954 922-8649 Daytime Phone</small>					