

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47611

FILED  
May 08, 2011  
Secretary of State

**Entity Name:** NEW LIFE PENTECOSTAL CHURCH MIRACLE CENTER INC.

**Current Principal Place of Business:**

116 S. 61ST TERRACE  
HOLLYWOOD, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 816576  
HOLLYWOOD, FL 330810576

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FALODUN, ISAAC  
Address: 201 SW 68 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: FS  
Name: OLAWALE, OLALEYE MR.  
Address: 3440 N.W. 203ST  
City-St-Zip: MIAMI, FL 33055

Title: GS  
Name: AWE, OLUYEMI MRS  
Address: 7471 NW 21ST PL  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T  
Name: AJAYI, JOSHUA MR.  
Address: 2030 NW 119ST  
City-St-Zip: MIAMI, FL 33167

Title: D  
Name: ORINDARE, FOLA MRS.  
Address: 14610 SOUTH SPUR DRIVE  
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADEMOLA ADELEKAN

MR

05/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date