

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90140 038 *****70.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD FALODUN, ISAAC	<input type="checkbox"/> Delete
STREET ADDRESS	201 SW 68 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE NAME	FSD AJAYI, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS	1810 NW 119 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE NAME	SD ADELEKAN, ADEMOLA	<input type="checkbox"/> Delete
STREET ADDRESS	2609 TAFT ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE NAME	TD OLAJOYEGBE, OLUMUYIWA	<input type="checkbox"/> Delete
STREET ADDRESS	418 SOUTH RAINBOW DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	D AKAHBI, COLLINS	<input type="checkbox"/> Delete
STREET ADDRESS	7221 GRANDVIEW BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE NAME	D FAJIMOLU, STELLA O	<input type="checkbox"/> Delete
STREET ADDRESS	8070 NW 10 CT 9057 Vineyard Lake Dr.	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE NAME	Asst. SECRETARY Mr Sunday Alao	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6931 S.W 28th St.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE OF ADEMOLA ADELEKAN 5/13/03 9549228649

CR2E037 (10/02)