2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004350

1. Entity Name
NEW LIFE FELLOWSHIP CENTER CHURCH OF GOD INC.

Principal Place of Business	Mailing Address
8511 N.W. 50TH STREET LAUDERHILL, FL 33351	8511 N.W. 50TH STREET LAUDERHILL, FL 33351

DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0402182
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUDDOCK, CLINTON
8511 N.W. 50TH STREET
LAUDERHILL, FL 33351

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 _____ DATE
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUDDOCK, CLINTON
STREET ADDRESS	8511 N.W. 50TH STREET
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	VD
NAME	HILLIMAN, PHILBERT
STREET ADDRESS	3551 NW 95 TERRACE #303
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD
NAME	BROWN, MERRINDDA
STREET ADDRESS	3473 NW 33RD STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000693768
04/16/07-80052-017 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 04.03.07 954-735-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #