2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N97000002976

Entity Name: NEW LIFE PENTECOSTAL CHURCH OF GOD, INC.

Current Principal Place of Business:

1130 NW 119 ST
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1220 N.W. 116 TERRACE
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0764614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAKER, JOANNE
1220 N.W. 116 TERRACE
MIAMI, FL 33167 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 ( ) Delete
Name: BAKER, JOANNE
Address: 1220 NW 116TH TERR.
City-St-Zip: MIAMI, FL 33167

Title: VTD ( ) Delete
Name: BAKER, GENE P
Address: 1220 NW 116TH TERR.
City-St-Zip: MIAMI, FL 33167

Title: S ( ) Delete
Name: BAKER, TAMARA L
Address: 1220 NW 116TH TERR
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: BAKER, KENYA L
Address: 1220 NW 116TH TERR.
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BAKER, TAMARA L
Address: 911 NE 199 STREET, UNIT 204
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change ( ) Addition
Name: BAKER, KENYA L
Address: 911 NE 199 STREET, UNIT 204
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE BAKER PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date