

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005239

FILED
Mar 30, 2009
Secretary of State

Entity Name: METRO LIFE WORSHIP CENTER OF MIAMI, INC.

Current Principal Place of Business:

16435 SW 88 AVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16435 SW 88 AVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0781274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALESSI, J. STEPHEN
16435 SW 88 AVE
MIAMI, FL 33157 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: DP () Delete
Name: ALESSI, J. STEPHEN
Address: 16435 SW 88TH AVE
City-St-Zip: MIAMI, FL 33157

Title: DV () Delete
Name: PAULA, MANNY
Address: 16400 SW 77TH AVENUE
City-St-Zip: MIAMI, FL 33157

Title: DST () Delete
Name: ALESSI, MARY E
Address: 16435 SW 88 AVE
City-St-Zip: MIAMI, FL 33157

Title: O () Delete
Name: HAYES, MIKE
Address: 5304 AMBERGATE LANE
City-St-Zip: DALLAS, TX 75287

Title: O () Delete
Name: QUINONES, DESIREE
Address: 7887 NW 165 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: O (X) Change () Addition
Name: PAULA, LAURA
Address: 16400 SW 77 AVE
City-St-Zip: MIAMI, FL 33157

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

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: J. STEPHEN ALESSI

DP

03/30/2009

Electronic Signature of Signing Officer or Director

Date