

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000120

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** NEW LIFE FELLOWSHIP CENTER & MINISTRIES INTERNATIONAL INC.

**Current Principal Place of Business:**

768 NW 183 ST.  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

768 NW 183 ST.  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 65-0816940      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SOREY, MICHAEL A SR.  
960 N.W. 199TH ST.  
MIAMI, FL 33169      US

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

SOREY, BRENDA D  
960 N.W. 199TH ST.  
MIAMI, FL 33169      US

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: BRENDA SOREY

06/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SOREY, BRENDA D  
Address: 960 N.W. 199 STREET  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: JERRY, HAROLD  
Address: 1670 NW 195 STREET  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SOREY, BRENDA D  
Address: 960 N.W. 199 STREET  
City-St-Zip: MIAMI, FL 33169

Title: VPD (X) Change ( ) Addition  
Name: JERRY, HAROLD  
Address: 1670 NW 195 STREET  
City-St-Zip: MIAMI, FL 33169

Title: STD ( ) Change (X) Addition  
Name: SHIPMAN, MARQUISTA A  
Address: 120 S DOUGLAS RD UNIT PH-2  
City-St-Zip: CORAL GABLES, FL 33134

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: MARQUISTA A. SHIPMAN

STD

06/23/2009

Electronic Signature of Signing Officer or Director

Date