2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2007
Secretary of State

DOCUMENT# N98000001291

Entity Name: NEW LIFE PRAISE AND WORSHIP MINISTRY, INC.

Current Principal Place of Business:

10 N E 193RD STREET
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

10 N E 193RD STREET
MIAMI, FL 33179

New Mailing Address:

FEI Number: 65-0882568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THARPE-FELTON, HARRIETT
10 N E 193 STREET
MIAMI, FL 33179 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: THARPE-FELTON, HARRIETT
Address: 10 N E 193RD STREET
City-St-Zip: MIAMI, FL 33179

Title: S ( ) Delete
Name: BUTLER, HATTIE
Address: 18810 N.W. 11TH AVE.
City-St-Zip: MIAMI, FL 33169

Title: C ( ) Delete
Name: FELTON, WILLIAM F SR
Address: 10 N E 193RD STREET
City-St-Zip: MIAMI, FL 33179

Title: SD ( ) Delete
Name: PYLES, JOAN
Address: 1560 N E 191 ST #105
City-St-Zip: N MIAMI BEACH, FL 33179

Title: TD ( ) Delete
Name: WASHINGTON, INELL
Address: 15955 E BUNCHE PARK DR
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete
Name: HEARD, GLORIA
Address: 15321 N W 18TH AVE
City-St-Zip: OPA LOCKA, FL 33054

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRIETT THARPE-FELTON DP 02/24/2007

Electronic Signature of Signing Officer or Director — Date