2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001291

FILED Jan 13, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 10 N E 193RD STREET MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** 10 N E 193RD STREET MIAMI, FL 33179 FEI Number: 65-0882568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THARPE-FELTON, HARRIETT 10 N E 193 STREET MIAMI, FL 33179 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THARPE-FELTON, HARRIETT Name: Name: 10 N E 193RD STREET Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: BUTLER, HATTIE Name: BUTLER, HATTIE Address: 18810 N.W. 11TH AVE. Address: 18810 NW 11 AVE City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: () Change () Addition FELTON, WILLIAM F SR Name: Name: 10 N E 193RD STREET Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition PYLES, JOAN Name: Name: PYLES, JOAN Address: 1560 N E 191 ST #105 Address: 1560 NE 191 ST. #105 City-St-Zip: N MIAMI BEACH, FL 33179 City-St-Zip: MIAMI, FL 33179 Title: () Delete Title: () Change () Addition WASHINGTON, INELL Name: Name: 15955 E BUNCHE PARK DR Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: () Delete Title: () Change () Addition HEARD, GLORIA Name: Name: Address: 15321 N W 18TH AVE Address: OPA LOCKA, FL 33054 City-St-Zip: 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: HARRIETT THARPE-FELTON PAST 01/13/2008