

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001291

FILED  
May 31, 2009  
Secretary of State

**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 ( )**  
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:**

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 NW 11 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 NE 191 ST. #105  
City-St-Zip: MIAMI, 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: S      (X) Change ( ) Addition  
Name: BUTLER, HATTIE  
Address: 15955 E BUNCH E PARK DR  
City-St-Zip: OPA LOCKA, FL 33054

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

Title: SD      (X) Change ( ) Addition  
Name: PYLES, JOAN  
Address: 1915 NW 57 ST  
City-St-Zip: MIAMI, FL 33142

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 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 T FELTON

PAST

05/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date