

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001291

FILED  
May 17, 2010  
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:**

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

THARPE-FELTON, HARRIETT  
10 N E 193 STREET  
MIAMI, FL 33179 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** S  
**Name:** BUTLER, HATTIE  
**Address:** 15955 E BUNCH E PARK DR  
**City-St-Zip:** OPA LOCKA, FL 33054

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

**Title:** SD  
**Name:** PYLES, JOAN  
**Address:** 1915 NW 57 ST  
**City-St-Zip:** MIAMI, FL 33142

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

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

I hereby 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 all other like empowered.

SIGNATURE: HARRIETT FELTON

PAST

05/17/2010

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

\_\_\_\_\_  
Date