2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# N98000002460

Entity Name: NEW LIFE HOLY GHOST DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

4315 NORTHWEST 167TH STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

4315 NORTHWEST 167TH STREET
MIAMI, FL 33055

New Mailing Address:

FEI Number: 65-0835221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: GOODEN, SHEENA S
Address: 4315 NORTHWEST 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: VD ( ) Delete
Name: JONES, ROSALINE
Address: 4315 NORTHWEST 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: TD ( ) Delete
Name: HARDWICK, ANGELA T
Address: 4315 NORTHWEST 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: TD ( ) Delete
Name: STRAKER, KESIZA
Address: 4315 BW 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: S ( ) Delete
Name: FISHER, SONYA
Address: 4315 NW 167TH STREET
City-St-Zip: MIAMI, FL 33055

Title: MD ( ) Delete
Name: JONES, TAMEKIA
Address: 4315 NW 167TH STREET
City-St-Zip: MIAMI, FL 33055

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: KESIZA STRAKER TD 02/09/2006

Electronic Signature of Signing Officer or Director — Date