

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90078 039 \*\*\*\*\*61.25

**DOCUMENT # N98000002460**

1. Entity Name  
**NEW LIFE HOLY GHOST DELIVERANCE MINISTRIES, INC.**



Principal Place of Business  
**4315 NORTHWEST 167TH STREET  
MIAMI FL 33055**

Mailing Address  
**4315 NORTHWEST 167TH STREET  
MIAMI FL 33055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0835221**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GOODEN, SHEENA S</b>	
STREET ADDRESS	<b>4315 NORTHWEST 167TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, ROSALINE</b>	
STREET ADDRESS	<b>4315 NORTHWEST 167TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HARDWICK, ANGELA T</b>	
STREET ADDRESS	<b>4315 NORTHWEST 167TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STRAKER, KESIZA</b>	
STREET ADDRESS	<b>4315 BW 167TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, SONYA</b>	
STREET ADDRESS	<b>4315 NW 167TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

*(Signature of Kesiza Straker)*  
**KESIZA STRAKER**

**1.12.03 (305) 621-4850**

CR2E037 (10/02)