DOCUMENT # N99	9000006254
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1. Entity Name

NEW LIFE PRAISE & DELIVERANCE CHURCH, INC.

Principal Place of Business

Mailing Address

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21352 SW 113 MIAMI FL 331	SW 112TH AVE #305 21352 SW 112TH AVE #305 FL 33189 MIAMI FL 33189				-				
Principal Place of Business 3. Mailing Address									
11373 5W 211 St P. D. Box 1000 Suite, Apt. #, etc. Suite, Apt. #, etc			00451		DO NOT WRITE IN THIS SPACE				
City & State Miami FL Miami FI				4. FEI Numbe	65-0955023		pplied For ot Applicable		
-3318°	Country DADE		DADE	in diameter and the	of Status Desired	\$8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent RAY, PATRICIA T 21352 SW 112TH AVE #305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33189			City		F	Zip Coo	de		
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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: 9. Election Campaign Financi FEE IS \$61.25 Trust Fund Contribution.			. –	\$5.00 May Be Added to Fees	Make Checl Departme	c Payable to	o		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS II	V 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAY, PATRICIA T 21352 SW 112TH AVE #305	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	11311 SW 20	6 St. DII2	address	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33189 DS HANNA, RHONDA 17785 SW 111TH AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, Fl	33157	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33157 DT PETERSON, MELODY 21352 SW 112TH AVE #305 MIAMI FL 33189	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Alice Lar 14840 Narar Naranja	ija Lakes Blv	Change	Addition C3J		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3-7		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition }		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition		

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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (305)385-089

Daytime Phone a

R2E037 (10/00)