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.

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	GOODEN, SHEENA S	Name	JONES, TAMIKA
Address	2451 NW 79TH STREET	Address	8300 NW 29CT
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33147

2015 FLORIDA NOT FOR PROFIT	<b>CORPORATION ANNUAL REPORT</b>

## DOCUMENT# N9800002460

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

# **Current Principal Place of Business:**

2451 NW 79TH STREET MIAMI, FL 33147

## **Current Mailing Address:**

2451 NW 79TH STREET MIAMI, FL 33147

# FEI Number: 65-0835221

# Name and Address of Current Registered Agent:

AMERILAWYER 1840 SW 22 ST MIAMI, FL 33145 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.

VP

04/30/2015 Date

## FILED Apr 30, 2015 Secretary of State CC8908145889

Certificate of Status Desired: Yes

Date