

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90043 019 ****61.25

40026482



03012006 Chg-NP CR2E037 (11/05)

DOCUMENT # 715090					
1. Entity Name NEW PACT THE LORD CHRISTIAN CHURCH INC.					
Principal Place of Business 14225 NORTHWEST 8TH AVENUE MIAMI, FL 33168-6818			Mailing Address 14225 NORTHWEST 8TH AVENUE MIAMI, FL 33168-6818		
2. Principal Place of Business 14225 NW 8th ave.		3. Mailing Address 14225 NW 8th ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 05-0128508	
Zip 33168		Country USA		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE JESUS, DAMIAN 4225 NW 6 AVE MIAMI, FL 33168			Name Damian De Jesus Street Address (P.O. Box Number is Not Acceptable) 14225 NW 8th ave City Miami FL Zip Code 33168		
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 <u>X</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DAMIAN		NAME		
STREET ADDRESS	14225 NW8 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DAMIAN		NAME		
STREET ADDRESS	12730 W. GOLF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANAGOZ, MAN		NAME		
STREET ADDRESS	13750 NW 7TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, DANFRARY		NAME		
STREET ADDRESS	12730 W GOLF DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, MICHELLE		NAME		
STREET ADDRESS	13750 NW 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Damian De Jesus</u>			Date: <u>03-03-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		