


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90063 008 \*\*\*\*75.00

**DOCUMENT # 715090**  
 1. Entity Name  
**NEW PACT THE LORD CHRISTIAN CHURCH INC.**



Principal Place of Business  
 14225 NW 8TH AVE  
 MIAMI, FL 33168

Mailing Address  
 14225 NW 8TH AVE  
 MIAMI, FL 33168

40020643



2. Principal Place of Business - No P.O. Box #  
 14225 N.W. 8th Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 14225 N.W. 8th Ave  
 Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State  
 Miami, FL 33168

City & State  
 Miami, FL 33168

Zip  
 33168

Country  
 USA

4. FEI Number  
 05-0128508

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DE JESUS, DAMIAN  
 4225 NW 8 AVE  
 MIAMI, FL 33168

7. Name and Address of New Registered Agent  
 Name: **Damian De Jesus**  
 Street Address (P.O. Box Number is Not Acceptable): **14225 N.W. 8th Ave**  
 City: **Miami** FL Zip: **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 \_\_\_\_\_  
 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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPC DE JESUS, DAMIAN 14225 NW8 AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DE JESUS DAMIAN 14225 NW 8th Ave Miami, FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC DE JESUS, DAMIAN 12730 W. GOLF DRIVE MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC FRANCISCO VALENTINA 12730 W GOLF DR MIAMI FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANAGOZ, MAN 13750 NW 7TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOZMAN, ANA 13750 N.W. 7th Ave <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE JESUS, DANFRARY 12730 W GOLF DR MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE JESUS, DANFRAY 12730 West Golf Drive Miami, Florida 33167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUZMAN, MICHELLE 13750 NW 8TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Francismary Johnson 12730 W. Golf Drive Miami, FL 33167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Damian De Jesus 01/28/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #