

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90078 011 \*\*\*\*61.25

**DOCUMENT # 712599**

1. Entity Name  
**THE NEW LIFE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
**7355 SOUTHWEST CORAL WAY  
MIAMI, FL 33155**

Mailing Address  
**7355 SOUTHWEST CORAL WAY  
MIAMI, FL 33155**



06102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1816838**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CABRERA, GUILLERMO  
1700 SW 103 AVE  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRERA, GUILLEMRO 1700 SW 103 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGA, LIBERATO 9531 FONTAINEBLEAU BLVD #10 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, MOISES 2931 SHERIDAN AV APT 4 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIETO, GISELA 1927 SW 107TH AVENUE APT 309 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIA T 2931 SHERIDAN AVE APT 4 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, LAZARO 2623 NW 24 STREET APT #11 MIAMI, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*

*6-14-05*

Date

*305-301-3114*

Daytime Phone #