


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

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90003 019 \*\*\*\*61.25

<b>DOCUMENT # 715090</b> 1. Entity Name <b>NEW PACT THE LORD CHRISTIAN CHURCH INC.</b>	
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Principal Place of Business <b>14225 NORTHWEST 8TH AVENUE MIAMI, FL 33168-6818</b>	Mailing Address <b>14225 NORTHWEST 8TH AVENUE MIAMI, FL 33168-6818</b>
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**50060132**



08032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0128508</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DE JESUS, DAMIAN 4225 NW 8 AVE MIAMI, FL 33168</b>
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**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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC DE JESUS, DAMIAN 14225 NW8 AVE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC DE JESUS, DAMIAN 12730 W. GOLF DRIVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANAGOZ, MAN 13750 NW 7TH AVE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DE JESUS, DANFRARY 12730 W GOLF DR MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUZMAN, MICHELLE 13750 NW 8TH AVE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 **08/03/05** \_\_\_\_\_  
Date Daytime Phone #