


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000006858	
<b>1. Entity Name</b> NEW LIFE MINISTRIES MIAMI, INC.	

<b>Principal Place of Business</b> 12349 SW 132ND COURT MIAMI, FL 33186	<b>Mailing Address</b> 14357 SW 139 CT MIAMI, FL 33186
---	--

DO NOT WRITE IN THIS SPACE



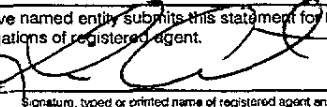
06302004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-1140614	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  ACOSTA, LEONARDO JR. 15311 SW 177 TERRACE MIAMI, FL 33187
---

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:**  **DATE:** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

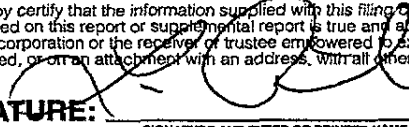
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PD
<b>NAME</b>	ACOSTA, LEO JR.
<b>STREET ADDRESS</b>	15311 SW 177 TERRACE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33187
<b>TITLE</b>	VP
<b>NAME</b>	ACOSTA, LEO SR.
<b>STREET ADDRESS</b>	15311 SW 177 TERRACE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33187
<b>TITLE</b>	SD
<b>NAME</b>	DUNTEMAN, SANDRA
<b>STREET ADDRESS</b>	7301 SW 142 AVE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33183
<b>TITLE</b>	TD
<b>NAME</b>	ACOSTA, ANIKA
<b>STREET ADDRESS</b>	15311 SW 177 TERRACE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33187
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

DO NOT WRITE IN THIS SPACE

U000000163362  
07/06/04-80011-002 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, withdrawal or like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_