

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90340 039 ****70.00

DOCUMENT # N27723

1. Entity Name

MINISTERIO EVANGELICO DEL NUEVO PACTO, INC.



Principal Place of Business

**1180 NW 124TH ST
MIAMI FL 33168**

Mailing Address

**1180 NW 124TH ST
MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0188263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEBASTIAN, MIGUEL
1180 NW 124TH ST
MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

Sebastian Marie

Street Address (P.O. Box Number is Not Acceptable)

118 NW 124th Street

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEBASTIAN, MIGUEL	
STREET ADDRESS	1180 NW 124TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEBASTIAN, MARIE	
STREET ADDRESS	1180 NW 124TH ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOEL, MICHELET	
STREET ADDRESS	1180 NW 124 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sebastian Marie & Moore Sebastian* **4/2/05** **305 687 7917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #