

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

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000004761

1. Entity Name  
NEW LIFE ASSEMBLY OF YAHWEH, INC.



Principal Place of Business  
3047 NW 26TH ST  
LAUDERDALE LAKES, FL 33311

Mailing Address  
3560 NW 17 CTY  
LAUDERDALE LAKES, FL 33311 US



07062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0545827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, VICTOR  
3047 NW 26TH ST  
LAUDERDALE LAKES, FL 33311

**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 \_\_\_\_\_

**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	DP
NAME	MILLER, VICTOR
STREET ADDRESS	3560 NW 17 CT
CITY-STATE-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	DT
NAME	MILLER, VILMA M
STREET ADDRESS	3560 NW 17 COURT
CITY-STATE-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	DS
NAME	EDWARDS, GRACE
STREET ADDRESS	2307 NW 52ND CT
CITY-STATE-ZIP	TAMARAC, FL 33309
TITLE	DV
NAME	KERR, AUDLEY O
STREET ADDRESS	1104 SW 75TH AVENUE
CITY-STATE-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	DV
NAME	CALLISTE, EUGENE H
STREET ADDRESS	6510 SW 10TH STREET
CITY-STATE-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000372086  
07/11/05-80019-002 61.25

**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: x Victor Miller VICTOR M. MILLER

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 06, 2005 954 484 169

Date

Daytime Phone #