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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000817

1. Corporation Name

NEW SONG MINISTRIES, INC.

Principal Place of Business

P.O. BOX 655160
MIAMI FL 33265-5160

Mailing Address

P.O. BOX 655160
MIAMI FL 33265-5160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-3309027	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

MACHIN, DORIS
9742 S.W. 56 TERRACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	MACHIN, DORIS	1.2 NAME	CARRASQUILLO, MADELINE
STREET ADDRESS	9742 S.W. 56 TERRACE	1.3 STREET ADDRESS	5201 NW 7 ST
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VPD	2.1 TITLE	
NAME	BRITO, TANIA	2.2 NAME	
STREET ADDRESS	7916 S.W. 19TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LOPEZ, FRANK	3.2 NAME	
STREET ADDRESS	8914 S.W. 5TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	QUINONES, ELVIN	4.2 NAME	
STREET ADDRESS	110 GREENWOOD CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99
Date

(305) 285-7323
Daytime Phone #

CR2E037 (1/1/98)