

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

02-14-2005 90050 019 ****61.25

DOCUMENT # N97000000817 1. Entity Name NEW SONG MINISTRIES, INC.					
Principal Place of Business 5201 NW 74 AVE MIAMI, FL 33166				Mailing Address 5201 NW 74 AVE MIAMI, FL 33166	
2. Principal Place of Business 12350 SW 132nd Ct		3. Mailing Address 12350 SW 132nd Ct			
Suite, Apt. #, etc. Suite H 106		Suite, Apt. #, etc. Suite 106			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 22-3309027	
Zip 33186		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent MACHIN, DORIS 9609 SW 138 AVE. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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: <u><i>Doris Machin</i></u> 01/28/06 Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHIN, DORIS 9609 SW 138 AVE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRASQUILLA, MADELINE 5201 NW 7 ST #317 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIN, IDANIA 12254 SW 148 TERR MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRITO, TANIA 15364 SW 32 TERR. MIAMI, FL 33185	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
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: <u><i>Doris Machin</i></u> 4/6/05 305 629-9833 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		