

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000000120**



1. Entity Name  
**NEW LIFE FELLOWSHIP CENTER & MINISTRIES  
INTERNATIONAL INC.**

Principal Place of Business

**768 NW 183 ST.  
MIAMI, FL 33169**

Mailing Address

**768 NW 183 ST.  
MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



07192006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0816940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**SOREY, MICHAEL A SR.  
960 N.W. 199TH ST.  
MIAMI, FL 33169**

**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

*Michael A. Soresy Sr.*  
Signature, typed or printed name of registered agent and title if applicable

**MR. MICHAEL A. SOREY SR.**  
(NOTE: Registered Agent signature required when reinstating)

**08/24/08**  
DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SOREY, BRENDA D  
960 N.W. 199 STREET  
MIAMI, FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JERRY, HAROLD  
1670 NW 195 STREET  
MIAMI, FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000575401  
08/28/06-80005-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Harold E. Jerry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HAROLD E. JERRY**

Date

**08/22/06**

Daytime Phone #

**305-494-8794**