


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jul 12, 2007 08:00 AM  
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	



05192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0816940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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. MICHAEL A. SOREY SR. 07/04/07  
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 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000768323 07/12/07-80004-005 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: H. E. Jerry HAROLD E. JERRY 07-04-07 305-494-8794  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #