

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



08202008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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. SOREY SR.** *Michael A. Soresy Sr.* **08/20/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000958337  
08/25/08-80004-025 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SOREY, BRENDA D
STREET ADDRESS	960 N.W. 199 STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	JERRY, HAROLD
STREET ADDRESS	1670 NW 195 STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

**08-20-08**

Date

Daytime Phone #