
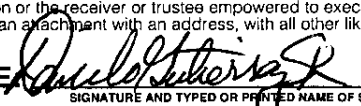


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90239 004 \*\*\*\*61.25

<b>DOCUMENT # N98000000758</b> 1. Entity Name <b>NEW FREEDOM WORSHIP CENTER, INC.</b>					
Principal Place of Business <b>6533 N. KHYBER AVE DUNNELLON, FL 34433 US</b>			Mailing Address <b>6533 N. KHYBER AVE DUNNELLON, FL 34433 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3491826</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GUTIERREZ, DANILO</b> <b>6533 N. KHYBER AVE</b> <b>DUNNELLON, FL 34433</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, DANILO SR.		NAME		
STREET ADDRESS	6533 N. KHYBER AVE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	VSD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, FRANCES B		NAME		
STREET ADDRESS	6533 N KHYBER AVE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34433		CITY-ST-ZIP		
TITLE	TD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBLES, GOLDIA		NAME	TD	
STREET ADDRESS	1511 E. LINEBAUGH		STREET ADDRESS	P.O. BOX 77408	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	TAMPA, FL 33675	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE</b> 			<b>Danilo Gutierrez, Sr.,</b> <b>President</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/23/04</b> Daytime Phone # <b>(352) 795-8655</b>		