


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90712 043 ****61.25

DOCUMENT # N98000005320 1. Entity Name MIAMI'S NEW LIFE INTERNATIONAL CHURCH, INC.					
Principal Place of Business 4601 NW 167TH STREET MIAMI FL 33055 US			Mailing Address 4601 NW 167TH STREET MIAMI FL 33055 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3566022	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRETT, DWIGHT 4601 NW 167TH STREET MIAMI FL 33055				7. Name and Address of New Registered Agent Name Flora Parrett (Flora J. Parrett) Street Address (P.O. Box Number is Not Acceptable) 4601 NW 167th Street City Miami FL Zip Code 33055	
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 _____ DATE 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PARRETT, DWIGHT 4601 NW 167TH STREET MIAMI FL 33055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRETT, FLORA K 4601 NW 167TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director, Sect. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Flora J. Parrett 4601 NW 167th Street Miami, FL 33055		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYMER, DIANN 4601 NW 167TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect. Treasure <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maedean Williams 4601 NW 167th Street Miami, FL 33055		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ROBERT 4601 NW 167TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dwight S. Parrett II 4601 NW 167th Street Miami, FL 33055		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, IRENE 4601 NW 167TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, JOCELYN 4601 NW 167TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Flora J. Parrett DATE 4/30/04 305-622-3623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					