2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000003663

t. Entity Name CHURCH OF GOD IN CHRIST OF NEW GENERATION, INC.



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

7198 NW 6TH COURT MIAMI, FL 33150 Mailing Address

7198 NW 6TH COURT MIAMI, FL 33150



DO NOT WRITE IN THIS SPACE

04202004	No Chg ¹ NP	CR2E037 (10/03)	

4. FEI Number Applied For 65-1016512 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DAUPHIN, DANIEL REV. 1373 NE 144TH STREET MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

	•	Į			and the second s	
	named entity submits this statement for the p llons of registered agent.	urpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Synature, typed or printed name of registered agent and ticle if applicable. (NOTE Registered Agent signature required when renstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financh Trust Fund Contribution.	ig 🗆	\$5.00 May Be Added to Fees	U00000126336 04/23/04-80029-024 61.25	
10.	OFFICERS AND DIREC	TORS	,			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D DAUPHIN, DANIEL REV 1373 NE 144TH STREET MIAMI, FL 33161					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSCAR, GABRIEL DEACON 1373 NE 144TH STREET MIAMI, FL 33161	- m.: 			•	
TITLE NAME STREET ADDRESS City-St-ZIP	TD SOURFFRANT, DIEUFAIT DEACON 14560 NE 6TH AVENUE #318 MIAMI, FL 33161	· · · · · · · · · · · · · · · · · · ·		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					AND AND A COMMENTAL AND A STANDARD	
12. Thereby	certify that the information supplied with this fil	ing does not qualify for the exemp	tion state	d in Section 119.07(3)	(i), Florida Statutes, I further certify that the information	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04

Daylime Phone #