


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90103 048 \*\*\*\*75.00

<b>DOCUMENT # N00000003663</b>					
1. Entity Name CHURCH OF GOD IN CHRIST OF NEW GENERATION, INC.					
Principal Place of Business 7198 NW 6TH COURT MIAMI, FL 33150		Mailing Address 7198 NW 6TH COURT MIAMI, FL 33150			
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 65-1016512	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
DAUPHIN, DANIEL REV. 1373 NE 144TH STREET MIAMI, FL 33161				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <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, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	DEACON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAUPHIN, DANIEL REV	NAME	JEAN-PAUL, LIGUERRE		
STREET ADDRESS	1373 NE 144TH STREET	STREET ADDRESS	140 N.W. 189th Street		
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	Miami, FL 33169		
TITLE	SD <input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OSCAR, GABRIEL DEACON	NAME	DAUPHIN, LUXSIANA		
STREET ADDRESS	1373 NE 144TH STREET	STREET ADDRESS	1373 N.E. 144th street		
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	Miami, FL 33161		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SOURFFRANT; DIEUFAIT DEACON	NAME	CASIMIR, SENIZIA		
STREET ADDRESS	14560 NE 6TH AVENUE #318	STREET ADDRESS	14560 N.E. 6th Ave Apt-318		
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	Miami FL 33161		
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 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: <i>Daniel Dauphin</i>			0303-2006 (305)9473292		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		