2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003663 **

1. Entity Name

CHURCH OF GOD IN CHRIST OF NEW GENERATION, INC.



FILED Jan 29, 2007 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

01192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1016512

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpos	e 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees U00000611081 02/02/07-80046-003 61.25

10. OFFICERS AND DIRECTORS TITLE D DAUPHIN, DANIEL REV NAME STREET ADDRESS **1373 NE 144TH STREET** CITY-ST-ZIP MIAMI, FL 33161 TITLE SD NAME OSCAR, GABRIEL DEACON STREET ADDRESS **1373 NE 144TH STREET** CITY-ST-7IP MIAMI, FL 33161 TITLE NAME SEAN-PAUL, LIGUERRE STREET ADDRESS 140NW 189TH STREET CITY-ST-ZIP MIAMI, FL 33169 TITLE DAUPHIN, LUXSIANA NAME STREET ADDRESS 1373 NE 144TH STREET CITY-ST-ZIP MIAMI, FL 33161 TITLE CASIMIR, SENIZIA STREET ADDRESS 14560 NE 6TH AVE., APT 318 CITY-ST-ZIP MIAMI, FL 33161 IIILE NAME STREET ADDRESS

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACONARY

8m y002

Daytime Phone #