

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008172

FILED
Apr 30, 2005
Secretary of State

Entity Name: WORLD MISSION OF JESUS CHRIST CHRISTIAN ACADEMY CHRISTIAN ACADEMY INC.

Current Principal Place of Business:

5601 NW 2ND AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5601 NW 2ND AVE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 90-0115476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAINT-JEAN, WILFRID
5601 NW 2ND AVE
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAINT-JEAN, WILFRID
Address: 5601 NW 2ND AVE
City-St-Zip: MIAMI, FL 33127

Title: V () Delete
Name: SAINT-JEAN, EMMANUELA
Address: 495 NE 157 ST N
City-St-Zip: MIAMI BCH, FL 33262

Title: S () Delete
Name: MOMPLAISIR, JOHN J
Address: 1470 NE 136 ST N
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: JOSEPH, NORMIL
Address: 15400 NE 13TH AVE N
City-St-Zip: MIAMI BCH, FL 33162

Title: D () Delete
Name: GIORDAY, ANGE N
Address: 945 NE 125 ST N
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: DEAS, ANGELA B
Address: 2012 NW 5TH PL
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFRID SAINT-JEAN

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date