

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

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000000647**

**1. Entity Name**  
**CHRIST'S MESSENGERS IN ACTION, INC.**



**Principal Place of Business**  
**4236 FOREST HILL BLVD.**  
**W. PALM BEACH, FL 33406**

**Mailing Address**  
**4236 FOREST HILL BLVD.**  
**W. PALM BEACH, FL 33406**



04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1023448	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PIERRILUS, JESUMOND**  
**4236 FOREST HILL BLVD.**  
**W. PALM BEACH, FL 33406**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_  
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, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	PIERRILUS, JESUMOND REV
<b>STREET ADDRESS</b>	4236 FOREST HILL BLVD
<b>CITY - ST - ZIP</b>	WEST PALM BEACH, FL 33406

<b>TITLE</b>	D
<b>NAME</b>	DESTIN, JOSEPH REV.
<b>STREET ADDRESS</b>	433 BOLOSSE 4TH AVENUE
<b>CITY - ST - ZIP</b>	PORT-AU-PRINCE, HAITI,

<b>TITLE</b>	D
<b>NAME</b>	LEMONS, ANN
<b>STREET ADDRESS</b>	2783 DUDLEY DR.E
<b>CITY - ST - ZIP</b>	WEST PALM BEACH, FL 33415

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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<b>NAME</b>	
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<b>CITY - ST - ZIP</b>	

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05/20/06-80058-003 61.25

**DO NOT WRITE  
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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:** JESUMOND PIERRILUS 4/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #