

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005336

FILED  
May 01, 2009  
Secretary of State

Entity Name: NEW BORN CHURCH OF CHRIST INC.

**Current Principal Place of Business:**

13680 NW 19 AVE  
OPA LOCKA BLVD, FL 33054 US

**New Principal Place of Business:**

8111 NE MIAMI CT  
MIAMI, FL 33138 US

**Current Mailing Address:**

745 NE 143RD STREET  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

FEI Number: 65-1036413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLEURANVIL, ABNER  
745 NE 143 ST  
N MIAMI, FL 33161 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: PD ( ) Delete  
Name: FLEURANVIL, ABNER  
Address: 745 NE 143 ST  
City-St-Zip: N MIAMI, FL 33161

Title: VD ( ) Delete  
Name: FLEURANVIL, SIMONE  
Address: 745 NE 143 ST  
City-St-Zip: N MIAMI, FL 33161

Title: MR ( ) Delete  
Name: JOSEPH, GOLFREY SECRETA  
Address: 4850 NW 5TH AVE  
City-St-Zip: MIAMI, FL 33127

Title: MR ( ) Delete  
Name: VINCENT, DANIEL ASST. M  
Address: 469 NE 162 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: MS ( ) Change (X) Addition  
Name: FLEURANVIL, FABIOLA  
Address: 745 NE 143RD ST  
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ABNER FLEURANVIL

MR

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date