

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001100

1. Entity Name
MIAMI LAKES GOSPEL ASSEMBLY, INC.



Principal Place of Business
20000 NW 47TH AVE.
OPALOCKA, FL 33055

Mailing Address
935 NW 102 STREET
MIAMI, FL 33150

FILED

05 APR 22 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1091831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THELUSMA, JEAN F
935 NW 102 ST.
MIAMI, FL 33150

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THELUSMA, JEAN F 935 NW 102 ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREVILLE, EMMANUEL P 1696 NE 151ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, MONIQUE B 16212 SW 18TH ST. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100055322461
05/25/05--01017--008 **63.70

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jean F. Thelusma (Pastor)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-05
Date

305-308-4273
Daytime Phone #