

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

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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**



04192008 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-1091831

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 file 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

TITLE

D

NAME

THELUSMA, JEAN F

STREET ADDRESS

935 NW 102 ST.

CITY-ST-ZIP

MIAMI, FL 33150

TITLE

D

NAME

BREVILLE, EMMANUEL P

STREET ADDRESS

1696 NE 151ST

CITY-ST-ZIP

MIAMI, FL 33162

TITLE

D

NAME

VINCENT, MONIQUE B

STREET ADDRESS

16212 SW 18TH ST.

CITY-ST-ZIP

MIRAMAR, FL 33027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**U00000524732
05/04/06-80002-005 61.25**

**DO NOT WRITE
IN THIS SPACE**

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:

Jean F. Thelusma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-06
Date

Office Phone #