


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

2007

FILED
May 02, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1091831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THELUSMA, JEAN F 935 NW 102 ST. MIAMI, FL 33150

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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: JEAN FELIX THELUSMA 04-27-07
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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IN THIS SPACE**

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05/23/07-80086-025 61.25

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 04-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #