

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

**FILED**  
**Apr 18, 2008 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**



04192006 No Chg-NP CR2E037 (11/05)

**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

*Jean F. Thelusma*

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**

000000907267  
05/05/08-80032-010 61.25

**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	

**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

*JEAN-F THELUSMA*

Date

04-16-08

Daytime Phone #

305-308-4273