2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000003833

1. Entity Name

NEW EVANGELICAL MISSIONARY CHURCH OF GOD/NOUVELLE EGLISE DE DIEUMISSIONNAIRE EVANGELIQUE, INC.



FILED Apr 19, 2006 08:00 AN Secretary of State

Principal Place of Business

450 N.W. 82 ST. MIAMI, FL 33150 Mailing Address 450 N.W. 82 ST. MIAMI, FL 33150



04112006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-1109163 Applied For Not Applicable

5. Certificate of Status Desired

K

\$8.75 Additional Fee Required

					, , , , , , , , , , , , , , , , , , , ,	
6. Name and Address of Current Registered Agent						
PIERRE, RUBENS REV. 120 N.W. 189 TERR. MIAMI, FL 33169			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	t
SIGNATURE_		No Parket			DATE	
	Signature, typed or printed name of registered agent and title	rif applicable. {NO15; Hogistered	Agant signature	required when reinstating)		
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	000000519599 05/02/06-80059-012 70.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE, RUBENS REV. 120 N.W. 189 TERR. MIAMI, FL 33169					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERRE, MERLINE C 120 N.W. 189 TERR. MIAMI, FL 33169					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SURIN, ANTOINE 1235 N.E. 157 STREET MIAMI, FL 33162			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GESNEL, JOSAPHAT 1075 N.E. 133 STREET MIAMI, FL 33161		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 frustee 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:

SD

CORNET, ASTRIDE

MIAMI, FL 33162

1500 N.E. 160 STREET

MLE

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SHATURE AND TYPED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR

0411/2006 305-653-5575 Dayline Prone 8