## **2007 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # N01000003833**

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



01-16-2007 90189 033 \*\*\*\*61.25

Jan 16, 2007 8:00 am Secretary of State

**FILED** 

Principal Place of Busines
450 N.W. 82 ST.
BOARD EN SSTEEN

Mailing Address

450 N.W. 82 ST. 450			N.W. 82 ST. II, FL 33150				) (GP)(III)	11 <b>40 184 118</b>	*! <b>68</b> 14 <b>88</b> 44	PHILI 65111 ED151	B 21182 (B2		1104 GI (DO)	
2. Principal Place of Business - No P.O. Box # 3. Ma			Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052007 Chg-NP CR2E037 (12/06)							
City & State			City & State				4. FEI Number Applied For 65-1109163 Not Applicab						plied For t Applicable	
Zip	Country	Zip Co			ntry		5. Certificate of Status Desired					\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	d Agent				7. Name and	d Addre	ss of Nev	v Registere	d Age	nt		
DIEDDE F	NIDENC DEV				Name								·	
PIERRE, RUBENS REV. 120 N.W. 189 TERR. MIAMI, FL 33169					Street A	Street Address (P.O. Box Number is Not Acceptable)								
				City					F	L	Zip Code	3		
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 app	ficable. (NOTE:	Registere	d Agent signat	ture required v	when reinstating)			DATE	i		<del></del>	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.			_ ;	\$5.00 May I Added to Fees	Be s	F	Make che lorida Dep	-	-			
10.	OFFICERS AND DIRECTORS			11.	•	, ADDITIONS/CHANGES TO OFFICERS AND						TORS IN	10	
TITLE	PD .		Delete	TITLE								Change	Addition	
· NAME	PIERRE, RUBENS REV.			NAM										
STREET ADDRESS					ET ADDRESS								j	
CITY-ST-ZIP	MIAMI, FL 33169			-	-ST-ZIP					· · · · · · · · · · · · · · · · · · ·				
·· TITLE NAME	SD // PIERRE, MERLINE C		Delete	TITLE					•		Ц	Change	☐ Addition	
STREET ADDRESS	120 N.W. 189 TERR.			•	ET ADDRESS									
CITY-ST-ZIP	MIAMI, FL 33169			•	-ST-ZIP									
TITLE	TD		☐ Delete	TITLE	:	<u> </u>						Change	☐ Addition	
NAME	SURIN, ANTOINE			NAM	E							•		
STREET ADDRESS	1235 N.E. 157 STREET			STRE	et address									
CITY-ST-ZIP	MIAMI, FL 33162			CITY	-ST-ZIP	<u> </u>								
TITLE	VPD		💢 Delete	TITLE	:	VPD						Change	Addition	
NAME	GESNEL, JOSAPHAT			NAM		NIV	ene rei	1201	RE	F4	,			
STREET ADDRESS CITY-ST-ZIP	1075 N.E. 133 STREET				ET ADORESS	379	NE 19	stra	of At	1 # 105°				
CHY-SI-ZIP	MIAMI, FL 33161			CHY	-ST-ZIP		ene Bel NE 191 AMI, E	7 3	3/6.	<u> </u>		Change		
TITLE	SD		☐ Delete	mu			•				П	Change	☐ Addition	
	1											O'ALLINGO		
NAME etect adobces	CORNET, ASTRIDE			NAM							٦	Oranigo		
STREET ADDRESS	CORNET, ASTRIDE 1500 N.E. 160 STREET			STRE	ET ADORESS							orange.		
STREET ADDRESS CITY-ST-ZIP	CORNET, ASTRIDE			STRE	ET ADORESS -ST-ZIP								☐ Addition	
STREET ADDRESS	CORNET, ASTRIDE 1500 N.E. 160 STREET		☐ Delete	STRE	ET ADORESS -ST-ZIP							Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	CORNET, ASTRIDE 1500 N.E. 160 STREET			STRE CITY TITLE NAM	ET ADORESS -ST-ZIP								Addition	

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 cath; 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:** 

Roy. RIBBY HERE THE NAME OF SIGNING OFFICER OR DIRECTOR

355-758-329