

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003833

FILED
Apr 24, 2009
Secretary of State

Entity Name: NEW EVANGELICAL MISSIONARY CHURCH OF GOD/NOUVELLE EGLISE DE DIEU MISSIONNAIRE
EVANGELIQUE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1109163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBENS, PIERRE REV.
450 NW 82ND STREET
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERRE, RUBENS REV.
Address: 120 N.W. 189 TERR.
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: PIERRE, MERLINE C
Address: 120 N.W. 189 TERR.
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: BELIZAIRE, NIVIGENE
Address: 379 NE 191 ST APT 108
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: CORNET, ASTRIDE
Address: 1500 NE 160 STREET
City-St-Zip: MIAMI, FL 33162

Title: SD () Delete
Name: AUDAIN, KARRY
Address: 19722 NE 12TH PLACE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: NOEL, JOANNA
Address: 450 NW 82ND STREET
City-St-Zip: MIAMI, FL 33150

Title: TD (X) Change () Addition
Name: JEMPSON, CADET
Address: 450 NW 82ND STREET
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBENS PIERRE

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date