

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006686

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** EVANGELICAL MISSION AND SOCIAL DEVELOPMENT, INC.

**Current Principal Place of Business:**

1120 NE 202 STREET  
N MIAMI BCH, FL 331792623

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5174  
HOLLYWOOD, FL 33083

**New Mailing Address:**

**FEI Number:** 65-1127644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUILLAUME, TOURISS  
1120 NE 202 ST  
N MIAMI BCH, FL 331792623 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: GUILLAUME, TOURISS  
Address: 1120 NE 202 STREET  
City-St-Zip: N. MIAMI, FL 33179

Title: VPD ( ) Delete  
Name: LAFLEUR, WILLY  
Address: 1872 NE 198 TERR  
City-St-Zip: N MIAMI BCH, FL 331792623

Title: SD ( ) Delete  
Name: WILLIAMS, LAURNA  
Address: 7167 PEMBROKE RD #2  
City-St-Zip: REMBROKE PINES, FL 33023

Title: TD ( ) Delete  
Name: ROMINES, BENJAMIN  
Address: 5309 MADISON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: CD ( ) Delete  
Name: LUNDI, JEANNETTE  
Address: 777 NW 54TH STREET  
City-St-Zip: MIAMI, FL 33127

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOURISS GUILLAUME

PD

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date