

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006686

FILED
Apr 27, 2007
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: SD (X) Change () Addition
Name: PINCHINAT, FRANTZ
Address: 7857 SW 3 RD STREET
City-St-Zip: N LAUDERDALE, FL 33068

Title: TD (X) Change () Addition
Name: PINCHINAT, JOSETTE
Address: 7857 SW RD STREET
City-St-Zip: N LAUDERDALE, FL 33068

Title: CD (X) Change () Addition
Name: CESAR, VIOLETTE
Address: 8424 NW 2 AVENUE
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: GUILLAUME TOURISS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date