

FILED
May 27, 2004 8:00 am
Secretary of State


04-27-2004 90071 014 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/

66424436



DOCUMENT # N01000008326			
1. Entity Name CHRISTIAN NEW VISION BAPTIST CHURCH OF FLORIDA INC.			
Principal Place of Business 915 NE 125TH STREET 304 MIAMI, FL 33161		Mailing Address P.O BOX 692986 MIAMI, FL 33269	
2. Principal Place of Business		3. Mailing Address 915 NE 125 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 304	
City & State		City & State MIA FL	
Zip		Zip 33161	
Country		Country DADE	
4. FEI Number 04-0566037		Applied For Not Applicable	
5. Certificate of Status Desired		* \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACQUET, REV. FENITON 5805 WAHINGTON STREET #19 HOLLYWOOD, FL 33023		Name FR Willy MERILLEN, PRESIDENT Street Address (P.O. Box Number is Not Acceptable) 915 NE 125 ST City MIA FL Zip Code 33161	
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 <i>Willy Merilien</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACROIX, GUY 770 N.E. 128TH #303 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COUNSELOR CHENIER E MITUS 970 NE 163 ST FL 33162 MIAMI BEACH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, AMELIA 524 NW 112 STREET MIAMI, FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEUJUSTE, FERTIL F 6600 NW 25 CT. SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: <i>Chenier Emittus</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	