

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 08, 2008  
Secretary of State**

DOCUMENT# N01000008326

Entity Name: CHRISTIAN NEW VISION BAPTIST CHURCH OF FLORIDA INC.

**Current Principal Place of Business:**

915 NE 125TH STREET  
304  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

915 NE 125 ST.  
304  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 04-0566037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MERILIEN, WILLY  
915 NE 125 ST  
MIAMI, FL 33161      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: D      ( ) Delete  
Name: DIEUJUSTE, JOEL  
Address: 915 NE 125 ST  
City-St-Zip: MIAMI, FL 33161

Title: D      ( ) Delete  
Name: ERMITUS, CHENIER  
Address: 970 NE 163 ST.  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: DIEUJUSTE, FERTIL F  
Address: 6600 NW 25 CT.  
City-St-Zip: SUNRISE, FL 33313

**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:

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: MERILIEN WILLY

Electronic Signature of Signing Officer or Director

A.R

06/08/2008

\_\_\_\_\_ Date