

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 26, 2005  
Secretary of State**

DOCUMENT# N02000000228

Entity Name: IMMANUELITES ADVENT-HERALD CHURCH INC.

**Current Principal Place of Business:**

P.O. BOX 723  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 723  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 04-3597283      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:**

JEAN, RONALD  
921 N.E. 131ST STREET., SUITE 6  
N. 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: JEAN, RONALD  
Address: P.O. BOX 723  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: FAUSTIN, DOMINIQUE  
Address: 36 N.E. 45TH ST  
City-St-Zip: MIAMI, FL 33127

Title: D      ( ) Delete  
Name: MICHEL, CLEMENCEAU ND  
Address: 5984 ELLIS HOLLOW ROAD W.  
City-St-Zip: LAKE WORTH, FL 33463

**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 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 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: RONALDJEAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OFFI

08/26/2005

\_\_\_\_\_  
Date