

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 27, 2009
Secretary of State**

DOCUMENT# N02000000228

Entity Name: IMMANUELITES ADVENT-HERALD CHURCH INC.

Current Principal Place of Business:

1160 NE 112 ST
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 723
MIAMI, FL 33137

New Mailing Address:

P.O. BOX 611983
N MIAMI, FL 33261

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
1160 NE 112 ST
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: 1160 NE 112 ST
City-St-Zip: MIAMI, FL 33161

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

Title: SECR () Delete
Name: JEAN, MAGDALENA O
Address: 1160 NE 12 ST
City-St-Zip: MIAMI, FL 33161

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:

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: RONALD JEAN

D

07/27/2009

Electronic Signature of Signing Officer or Director

_____ Date