

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90032 021 \*\*\*\*78.00

DOCUMENT # N02000007511

1. Entity Name  
MISSION FOR GOD DISCIPLES INC.



Principal Place of Business  
641 S.W. 30 AVE.  
FT. LAUDERDALE, FL 33312

Mailing Address  
641 S.W. 30 AVE.  
FT. LAUDERDALE, FL 33312

400550000



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2080104

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BIAS, JAMES E  
2099 W PROSPECT RD  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

\$78

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FELIX, EDGAR
STREET ADDRESS	641 S.W. 30TH AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	T
NAME	ALCIME, MARIE M
STREET ADDRESS	310 S.W. 27TH TERR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D
NAME	FELIX, LAVANIE
STREET ADDRESS	641 S.W. 30 AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D
NAME	FELIX, CUERLANDE
STREET ADDRESS	641 S.W. 30 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	T
NAME	DESIR, MARIE A
STREET ADDRESS	3116 NW 19 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	T
NAME	ALCIME, NATHALIE
STREET ADDRESS	310 SW 27TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-07

754-244-6381