

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

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008197**

1. Entity Name  
**MISSION OF GOD TO RESCUE CHILDREN, INC.**



Principal Place of Business  
**274 NE 59TH ST  
MIAMI, FL 33137**

Mailing Address  
**P.O. BOX 371467  
MIAMI, FL 33137**



**DO NOT WRITE IN THIS SPACE**

07112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2402185**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLORAIN, ELIE REV  
274 NE 59TH ST  
MIAMI, FL 33137**

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EXED  
FLORAIN, ELIE REV  
1290 NW 50TH ST.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MORISSETTE, FRED  
1290 NW 50TH ST.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DD  
FOSTIN, JESUE  
1290 NW 50TH ST.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
ARKINSON, BETHE  
1290 NW 50TH ST.  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000373077  
07/15/05-80009-015 61.25

U000000373077  
07/15/05-80009-016 8.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Rev. Elie Florain*

Date

Daytime Phone #