

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009931

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: GOSPEL ASSEMBLY OF MIAMI, INC.

**Current Principal Place of Business:**

8325 NE 2ND AVENUE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

14627 NW 7TH AVENUE  
MIAMI, FL 33168

**New Mailing Address:**

POST OFFICE BOX 331166  
MIAMI, FL 33238

FEI Number: 57-1188904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALSAINT, JEAN R PASTOR  
7745 NW 23RD STREET  
PEMBROKE PINES, FL 33024 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: P ( ) Delete  
Name: VALSAINT, JEAN R PASTOR  
Address: 7745 NW 23RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Delete  
Name: VALSANIT, ROSE M TREAS  
Address: 7745 NW 23RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete  
Name: VALSAINT, ROSE M SECRET  
Address: 7745 NW 23RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: VALSAINT, JOANE DIRECT  
Address: 8325 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: ETIENNE, FRANTZ P DIRECT  
Address: 8325 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

**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:

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: DR JEAN VALSAINT

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date