

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90189 006 \*\*\*\*70.00

**DOCUMENT # N03000011101**

1. Entity Name  
**EMMANUEL ADVENTIST CHURCH, INC.**



Principal Place of Business  
**300 NW 199 ST  
MIAMI, FL 33169**

Mailing Address  
**P O BOX 695313  
MIAMI, FL 33169**

**50017121**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENATUS, ANTOINE  
760 NE 131 ST  
MIAMI, FL 33161**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **FLEURIMOND, MARIE F**  
STREET ADDRESS **300 NW 199 ST**  
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **CENATUS, ANTOINE**  
STREET ADDRESS **760 NE 131 ST**  
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SENEQUE, STEVE**  
STREET ADDRESS **648 NE 164 ST**  
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MEDOR, JOSIANE**  
STREET ADDRESS **1310 NE 146 ST**  
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **LOUIS, LOUIMA**  
STREET ADDRESS **7615 NW 2ND AVE #316**  
CITY-ST-ZIP **MIAMI, FL 33152**

TITLE ☒ Change ☐ Addition  
NAME **VERNE MARIE M**  
STREET ADDRESS **240 NW 197 St.**  
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Marie F. Fleurimond* **Marie F. Fleurimond** 4/25<sup>th</sup>/2006 (305) 655-0190  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #