


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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
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02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CENATUS, ANTOINE 760 NE 131 ST MIAMI, FL 33161

**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 Marie F. Fleurimond DATE 4/16/2007
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000726923 05/04/07-80026-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEURIMOND, MARIE F 300 NW 199 ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CENATUS, ANTOINE 760 NE 131 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENEQUE, STEVE 648 NE 164 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDOR, JOSIANE 1310 NE 146 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERNE, MARIE M 240 NW 197TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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] DATE 4/16/2007 (305) 655-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR