# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 06, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N03000011101

1. Entity Name
EMMANUEL ADVENTIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 300 NW 199 ST<br>MIAMI, FL 33169 | P O BOX 695313<br>MIAMI, FL 33169 |

DO NOT WRITE IN THIS SPACE

02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CENATUS, ANTOINE
760 NE 131 ST
MIAMI, FL 33161

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating.)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000949558
06/03/08-80032-025 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | FLEURIMOND, MARIE F |
| STREET ADDRESS | 300 NW 199 ST |
| CITY-ST-ZIP | MIAMI, FL 33169 |
| TITLE | V |
| NAME | CENATUS, ANTOINE |
| STREET ADDRESS | 760 NE 131 ST |
| CITY-ST-ZIP | MIAMI, FL 33161 |
| TITLE | D |
| NAME | SENEQUE, STEVE |
| STREET ADDRESS | 848 NE 164 ST |
| CITY-ST-ZIP | MIAMI, FL 33162 |
| TITLE | S |
| NAME | MEDOR, JOSIANE |
| STREET ADDRESS | 1310 NE 146 ST |
| CITY-ST-ZIP | MIAMI, FL 33161 |
| TITLE | T |
| NAME | VERNE, MARIE M |
| STREET ADDRESS | 240 NW 197TH ST |
| CITY-ST-ZIP | MIAMI, FL 33169 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 all other like empowered.

**SIGNATURE:** _____ 4/30/2008 (305)655-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #