## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000011101

FILED May 06, 2009 Secretary of State

Entity Name: EMMANUEL ADVENTIST CHURCH, INC.

Current P	rincipal Place of Business:	New Principal Pla	ace of Business:	
300 NW 1 MIAMI, FL				
Current Mailing Address:		New Mailing Add	New Mailing Address:	
P O BOX ( MIAMI, FL		P O BOX 693366 MIAMI, FL 33169		
	: FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did not r I Address of Current Registered Agent:		Certificate of Status Desired (X) SS of New Registered Agent:	
760 NE 13 MIAMI, FL		rpose of changing its regist	tered office or registered agent or both	
	e of Florida.	pose of offeriging its regist	tered embe or registered agent, or betti,	
SIGNATU	RE:			
	Floatrania Cianatura of Dogistaria Agant	<b>L</b>	Data	
SELCED	Electronic Signature of Registered Agent		Date Date	
	S AND DIRECTORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address: City-St-Zip:				
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS:  P () Delete FLEURIMOND, MARIE F 300 NW 199 ST	ADDITIONS/CHA  Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR	
Γitle: Name: Address:	S AND DIRECTORS:  P () Delete FLEURIMOND, MARIE F 300 NW 199 ST MIAMI, FL 33169  V () Delete CENATUS, ANTOINE 760 NE 131 ST	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS:  P () Delete FLEURIMOND, MARIE F 300 NW 199 ST MIAMI, FL 33169  V () Delete CENATUS, ANTOINE 760 NE 131 ST MIAMI, FL 33161  D () Delete SENEQUE, STEVE 648 NE 164 ST	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: Address:	NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: MFF P 05/06/2009