

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90213 033 ****61.25

DOCUMENT # N04000000344

1. Entity Name
ADONAI GLOBAL MINISTRIES, INC.



Principal Place of Business

**1299 NW 111 STREET
MIAMI, FL 33167**

Mailing Address

**1299 NW 111 STREET
MIAMI, FL 33167**

50014068



04172006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
02-0714231

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALCIN, MARIOT REV. DR
13117 SW 28TH STREET
MIRAMAR, FL 33027**

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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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VALCIN, MARIOT REV. DR
13117 SW 28TH ST.
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TANIS, JOSEPH S
1551 NW 132ND TER
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JEAN, FRANCIQUE
400 NE 137TH ST. #208
MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAFONTANT, YOLETTE
330 NE 164TH TERR
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 17, 06 (301) 582-8552