

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90057 047 ****62.00

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1. Entity Name
NEW CHURCH OF GOD SOLID ROCK CELESTIAL, INC



Principal Place of Business
**40 NE 152ND STREET
MIAMI, FL 33162**

Mailing Address
**40 NE 152ND STREET
MIAMI, FL 33162**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05182007 Chg-NP CR2E037 (12/06)

4. FEI Number
34-2003310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOND-ROSE, MARIE C
40 NE 152ND STREET
MIAMI, FL 33162**

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be reinstated when reinstating)

DATE

6-1-07

**Filing Fee is \$61.25
Due by September 14, 2007**

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

TITLE **P** ☐ Delete
NAME **FOND-ROSE, MARIE C**
STREET ADDRESS **40 NE 152ND STREET**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **V** ☐ Delete
NAME **PLATEAU, GUYRLENE**
STREET ADDRESS **40 NE 152ND STREET**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **ST** ☐ Delete
NAME **ORION, NINA**
STREET ADDRESS **40 NE 152ND STREET**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** ☐ Change ☒ Addition
NAME **ELDAR GELIN**
STREET ADDRESS **40 NE 152ND STREET**
CITY-ST-ZIP **MIAMI FLA 33162**

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

TITLE ☐ Change ☐ Addition
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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: *[Signature]* **FOND-ROSE MARIE C. President** **6-1-07** **786-2771441**
Signature, typed or printed name of signing officer or director Date Daytime Phone #