

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007396

FILED
Apr 28, 2008
Secretary of State

Entity Name: CHRIST VIVANT MINISTRIES, INC.

Current Principal Place of Business:

11886 W DIXIE HWY
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

11886 W DIXIE HWY
MIAMI, FL 33161

New Mailing Address:

FEI Number: 41-2153138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFOSSE, ABDIAS
11886 W DIXIE HWY
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFOSSE, ABDIAS
Address: 1030 NE 152 TER
City-St-Zip: MIAMI, FL 33162 US

Title: VP () Delete
Name: DAY, JEAN FELIX
Address: 8363 NE 3TH CT
City-St-Zip: MIAMI, FL 331139 US

Title: T () Delete
Name: LAFOSSE, MOISE
Address: 70 NW 121 TER
City-St-Zip: MIAMI, FL 33168 US

Title: VT () Delete
Name: VILON, ALTAMISE
Address: 13890 NE 3RD CT #320
City-St-Zip: NORTH MIAMI BEACH, FL 33161 US

Title: S () Delete
Name: PAUL, RODLIN
Address: 910 NW 142 ST
City-St-Zip: MIAMI, FL 33179 US

Title: VS () Delete
Name: DEDE, MARIE FRANCOIS
Address: 15499 NE 12TH AVE
City-St-Zip: MIAMI, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: FAUSTIN, JEAN
Address: 13890 NE 3RD CT #320
City-St-Zip: NORTH MIAMI BEACH, FL 33161 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: DAY, MARIE GERDA
Address: 15499 NE 12TH AVE
City-St-Zip: MIAMI, FL 33162 US

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: ABDIASLAFOSSE

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date