

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 046 ****70.00

DOCUMENT # N05000001263

1. Entity Name
**TABERNACLE DE LA NOUVELLE ALLIANCE, EGLISE
ADVENTISTE DU SEPTIEME JOUR, INC.**



Principal Place of Business
**125 NE 119TH ST.
MIAMI, FL 33161**

Mailing Address
**125 NE 119TH ST.
MIAMI, FL 33161**

40141040



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-2537310

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, JEAN R
1021 NE 141ST ST.
N. MIAMI, FL 33161**

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, 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 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 **CD** ☐ Delete
NAME **HILAIRE, AUGUSTIN**
STREET ADDRESS **80 NE 132ND ST.**
CITY-ST-ZIP **N. MIAMI, FL 33161**

TITLE **TD** ☐ Delete
NAME **ALEXANDRE, MARIE Y**
STREET ADDRESS **14420 NE 6TH AVE., APT. 106**
CITY-ST-ZIP **N. MIAMI, FL 33161**

TITLE **SD** ☐ Delete
NAME **HENRY, JEAN R**
STREET ADDRESS **1021 NE 141ST ST.**
CITY-ST-ZIP **N. MIAMI, FL 33161**

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

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

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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 supplementary 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 FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

HILAIRE, Augustin

6/24/2007

786-277-5037