2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000001326

1. Entity Name
NEW VISION WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
9900 NW 7 AVE MIAMI, FL 33150	9900 NW 7 AVE MIAMI, FL 33150

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip	Country

3. Mailing Address
19388 NW 29th Place

Suite, Apt. #, etc.

City & State *MIAMI GARDENS, FL*

Zip *33056*	Country *USA.*

04112006   Chg-NP   CR2E037 (11/05)

4. FEI Number *34-2034966*

☐ Applied For
☐ Not Applicable

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

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6. Name and Address of Current Registered Agent

PIERRE, POLESTE REV.
19388 NW 29 PL
MIAMI, FL 33056

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, 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	**Make check payable to** **Florida Department of State**

10. OFFICERS AND DIRECTORS / **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	CAMILLE, ELVIS	9900 NW 7 AVE	MIAMI, FL 33150	☐					☐	☐
D	PIERRE, POLESTE REV.	9900 NW 7 AVE	MIAMI, FL 33150	☐					☐	☐
D	JEANNOT, ANNE R	9900 NW 7 AVE	MIAMI, FL 33150	☐					☐	☐
D	PIERRE, MARIE	9900 NW 7 AVE	MIAMI, FL 33150	☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 _____   *REV. POLESTE PIERRE, PRESIDENT   4/12/06   (305)335-5103*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #