2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001326

1. Entity Name
NEW VISION WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
9900 NW 7 AVE MIAMI, FL 33150	19388 NW 29TH PL MIAMI GARDENS, FL 33056

04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2034966
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 REV. POLESTE PIERRE Rev [signature] 4/21/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/16/08-80018-020 61.25

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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 [signature] 4/21/08 (305)335-5103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #