



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 012 ****61.25

DOCUMENT # N06000001806 1. Entity Name CHOSEN GENERATION CHURCH MINISTRY INC.					
Principal Place of Business 430 NE 144 ST MIAMI, FL 33161			Mailing Address 1601 NE 191 STE 216 MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box # 430 NE 144 st. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 430 NE 144 st. <small>Suite, Apt. #, etc.</small>		40103189 	
City & State MIAMI FL. <small>Zip</small> 33161 <small>Country</small> USA		City & State MIAMI - FL. <small>Zip</small> 33161 <small>Country</small> USA		4. FEI Number 20-4368694	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MACEDO, FLAVIO 1601 NE 191 STE 216 MIAMI, FL 33179			7. Name and Address of New Registered Agent Name MACEDO FLAVIO Street Address (P.O. Box Number is Not Acceptable) 430 NE 144 ST City MIAMI FL <small>Zip Code</small> 33161		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 / Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MACEDO, FLAVIO 1601 NE 191 STE 216 MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/13/08 <small>Daytime Phone #</small>		