

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002301

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** REMAINING POSTERITY 7 DAY CHURCH, INC.

**Current Principal Place of Business:**

3500 NW 38TH AVE.  
LAUDERDALE LAKES, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3500 NW 38TH AVE.  
LAUDERDALE LAKES, FL 33309

**New Mailing Address:**

**FEI Number:** 51-0600598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAINTVIL, ESNET  
3500 NW 38TH AVE.  
LAUDERDALE LAKES, FL 33309 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: PD ( ) Delete  
Name: SIMEON, MORANGE  
Address: 2750 NW 56TH AVE., APT. F319  
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: VD ( ) Delete  
Name: DAMAS, JEAN  
Address: 3941 NW 46TH TERR.  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: STD ( ) Delete  
Name: SAINTVIL, ESNET  
Address: 3500 NW 38TH AVE.  
City-St-Zip: LAUDERDALE LAKES, FL 33309

**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:

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: SIMEON MORANGE

PD

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date