2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003133

FILED Mar 09, 2009 Secretary of State

Entity Name: NEW GENERATION ABUNDANT MISSION CHURCH OF GOD, INC.

Current Principal Place of Business:			New Prir	New Principal Place of Business:		
	TH AVENUE EACH, FL 33	3444				
Current Mailing Address:			New Mai	New Mailing Address:		
PO BOX 84 DELRAY B	145 EACH, FL 33	3444				
FEI Number:	26-2221089	FEI Number Applied For ()	FEI Number Not Ap	pplicable () Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name an	nd Address of New Registered Agent:		
104 NW 5T DELRAY B		3444 US	ourpose of changing	ng its registered office or registered agent, or both	١,	
SIGNATUR						
SIGNATOR		nic Signature of Registered Age	ent	Date	-	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	()Change ()Addition p:		
Title: Name: Address: City-St-Zip:	D (LAUREDANS, 104 NW 5TH A DELRAY BEAG	VENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FRANCESSE, CEUS 104 NW 5TH AVENUE p: DELRAY BEACH, FL 33444		
Title: Name: Address: City-St-Zip:	S (CEUS, FRANC 104 NW 5TH A DELRAY BEAG	VENUE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition ONITE, FANFAN 104 NW 5TH AVENUE p: DELRAY BEACH, FL 33444		
Title: Name: Address: City-St-Zip:	C (VIERGEMENE 104 NW 5TH A DELRAY BEAG	VENUE	Title: Name: Address: City-St-Zip:	C (X) Change () Addition CINE, MARIE VIERGEME 104 NW 5TH AVENUE p: DELRAY BEACH, FL 33444		
Title: Name: Address: City-St-Zip:	D (ATILY, JEAN D 104 NW 5TH A DELRAY BEAG	VENUE	Title: Name: Address: City-St-Zip:	C (X) Change () Addition ATILY, JEAN DIEUNET 104 NW 5TH AVENUE p: DELRAY BEACH, FL 33444		
Title: Name: Address: City-St-Zip:	D (THEOSMY, JE 104 NW 5TH A DELRAY BEAG	VENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition p:		

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: DR. RIKEM JEAN PHILIPPE P 03/09/2009