

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003252

FILED
Feb 13, 2009
Secretary of State

Entity Name: NEW VISION BAPTIST MISSION, INC.

Current Principal Place of Business:

6892 SW 5TH STREET
MARGATE, FL 33068

New Principal Place of Business:

604 MELALEUCA DRIVE
MARGATE, FL 33063

Current Mailing Address:

6892 SW 5TH STREET
MARGATE, FL 33068

New Mailing Address:

775 NW 80 TERRACE
MARGATE, FL 33063

FEI Number: 68-0674212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, YONEL
6892 SW 5 STREET
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

SIMON, YONEL
775 NW 80 TERRACE
MARGATE, FL 33063 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMON, YONEL
Address: 6892 SW 5 STREET
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: SAINT CYR, GERALDA PIERRE
Address: 6503 WINDFIELD BLVD APT D-132
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: PIERRE, OLIVIERGE
Address: 6892 SW 5 STREET
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMON, YONEL
Address: 775 NW 80 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: S (X) Change () Addition
Name: SAINT CYR, GERALDA PIERRE
Address: 6503 WINDFIELD BLVD APT D-132
City-St-Zip: MARGATE, FL 33063

Title: T (X) Change () Addition
Name: PIERRE, OLIVIERGE
Address: 775 NW 80 TER
City-St-Zip: MARGATE, FL 33063

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: YONEL SIMON

PAST

02/13/2009

Electronic Signature of Signing Officer or Director

Date