

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2009
Secretary of State**

DOCUMENT# N08000010874

Entity Name: EMMAUS: CONGREGATION ADVENTISTE EN MISSION POUR CHRIST, INC.

Current Principal Place of Business:

101 NW 71 ST
MIAMI, FL 33150

New Principal Place of Business:

101 NW 71 ST
MIAMI, FL 33150 US

Current Mailing Address:

8925 NW 10 AVE
MIAMI, FL 33150

New Mailing Address:

P.O. BOX 530063
MIAMI SHORES, FL 33153 US

FEI Number: 90-0435208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BIEN-AIME, ALEBE
84 NW 68 TERRACE
MIAMI, FL 33150 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: P () Delete
Name: BERNARD, MAX
Address: 8925 NW 10 AVE
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: BIEN-AIME, ALEBE
Address: 84 NW 68 TERRACE
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: ARISTIDE, GARY
Address: 1747 NE 141 ST
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PIERRE, PIERRE J MR.
Address: 1649 NE 143 ST
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: S (X) Change () Addition
Name: BIEN-AIME, ALEBE L MR.
Address: 84 NW 68 TERRACE
City-St-Zip: MIAMI, FL 33150 US

Title: T (X) Change () Addition
Name: ARISTIDE, GARY MR.
Address: 1747 NE 141 ST
City-St-Zip: NORTH MIAMI, FL 33181

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: ALEBE L. BIEN-AIME

S

04/26/2009

Electronic Signature of Signing Officer or Director

Date