



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41967 1. Entity Name THE CHRISTIAN MISSIONARY CHURCH OF MIAMI INC.	
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Principal Place of Business 5022 NW 7 AVE MIAMI, FL 33127 US	Mailing Address 5022 NW 7 AVE MIAMI, FL 33127 US
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 27 AM 11:44
STATE OF FLORIDA



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERRE, JEAN JEAN 1460 N.W. 21ST STREET FT. LAUDERDALE, FL 33311	<div style="border: 1px solid black; padding: 20px; text-align: center;"> <h2>DO NOT WRITE IN THIS SPACE</h2> </div>
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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 REV. JEAN JEAN PIERRE DATE 4/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PIERRE, JEAN JEAN
STREET ADDRESS	521 NW 110 ST
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	D
NAME	ROUCHON, GINA I.
STREET ADDRESS	521 NW 110 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	DRUMMOND, ISOLYN
STREET ADDRESS	2820 NW
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	ROUCHON, DAVID J.
STREET ADDRESS	7620 NW 2ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	JEAN, NATHANAEL P
STREET ADDRESS	521 NW 110 ST
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

89518

900074152369
05/08/06--01018--029 **\$61.25

900074152369
05/08/06--01018--028 **\$8.75

DO NOT WRITE IN THIS SPACE

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: [Signature] Date 4/19/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR