

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41967

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE CHRISTIAN MISSIONARY CHURCH OF MIAMI INC.

Current Principal Place of Business:

5022 NW 7 AVE
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

5022 NW 7 AVE
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIERRE, JEAN JEAN
1460 N.W. 21ST STREET
FT. LAUDERDALE, FL 33311 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: PIERRE, JEAN JEAN
Address: 521 NW 110 ST
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: ROUCHON, GINA I.
Address: 521 NW 110 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: DRUMMOND, ISOLYN
Address: 2820 NW.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ROUCHON, DAVID J.
Address: 7620 NW 2ND AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: JEAN, NATHANAEL P
Address: 521 NW 110 ST
City-St-Zip: MIAMI, FL 33168

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:

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: JEAN, JEAN PIERRE

REV

04/09/2009

Electronic Signature of Signing Officer or Director

Date