


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90021 046 ****70.00

DOCUMENT # N49518

1. Entity Name
 NEW REVELATION CHURCH OF C.M.A., INC.



Principal Place of Business
 27 NE 73RD ST
 MIAMI, FL 33150 US

Mailing Address
 1201 SW 11 AVE
 DEERFIELD BCH, FL 33441 US

2. Principal Place of Business - No P.O. Box #
 27 NE 73rd St
 Suite, Apt. #, etc.

3. Mailing Address
 1201 SW 11th Ave
 Suite, Apt. #, etc.

City & State
 Miami Florida

City & State
 Deerfield Beach FL

Zip
 33168

Country
 Dade

Zip
 33441

Country
 Broward

41



08142007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 JOSEPH, CONSTANT REV
 1201 SW 11TH AVE
 DEERFIELD BEACH, FL 33441

4. FEI Number
 65-0358403

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: Rev. Constant Joseph
 Street Address (P.O. Box Number is Not Acceptable): 1201 SW 11th Ave
 City: Deerfield FL Zip Code: 33441

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. Constant Joseph DATE: 08/17/2007

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 September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN KENOLD, NICOLAS 10051 NW 14 AVE MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIEN, FLORENS 1300 NW 192 TER MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICOLAS, FRANCOIS 190 NE 121 ST MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISLENE, PRUDHOMME 18970 NE 2 AVE #207 MAIMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KETTLY, DESIR 7600 EMBASSY BLVD MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAURETTE, JEAN-BAPTISTE 9390 NW 14 AVE MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rev. Constant Joseph DATE: 08/17/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #