

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001944

1. Corporation Name

THE NEW EARTH MOVEMENT, INC.

Principal Place of Business

Mailing Address

5065 N.W. 27 AVE.  
MIAMI, FLA. 33142

3. Date Incorporated or Qualified

4-20-95

3a. Date of Last Report

4-20-95

2. Principal Place of Business

2a. Mailing Address

21 5065 N.W. 27 AVE.

26

4. FEI Number

65-0662485

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. RODNEY GENTRY  
15895 N.W. 42ND AVENUE  
MIAMI, FLA. 33054

81 Name DR. RODNEY GENTRY  
82 Street Address (P.O. Box Number is Not Acceptable)  
5065 N.W. 27 AVENUE  
83  
84 City MIAMI FL 85 Zip Code 33142

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DR. RODNEY GENTRY DR. Rodney Gentry PRESIDENT 5-23-96  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DR. RODNEY GENTRY	
STREET ADDRESS	15895 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI, FLA. 33054	
TITLE D	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	WINSOME BROWN	
STREET ADDRESS	15895 N.W. 42ND AVENUE	
CITY-ST-ZIP	MIAMI, FLA. 33054	
TITLE D	TREASURER	<input type="checkbox"/> DELETE
NAME	EMMANUEL PAUL BRILLANT	
STREET ADDRESS	1112 N.W. 62ND STREET	
CITY-ST-ZIP	MIAMI, FLA. 33150	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE P/D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DR. RODNEY GENTRY	
13 STREET ADDRESS	5065 N.W. 27 AVENUE	
14 CITY-ST-ZIP	MIAMI, FLA. 33142	
21 TITLE D	VICE PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	EMMANUEL PAUL BRILLANT	
23 STREET ADDRESS	1112 N.W. 62ND STREET	
24 CITY-ST-ZIP	MIAMI, FLA. 33150	
31 TITLE D	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MIKE MOUNTAIN	
33 STREET ADDRESS	4260 N.W. 183RD TERRACE	
34 CITY-ST-ZIP	MIAMI, FLA. 33055	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	000001901160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-07/23/96--01026--005	
53 STREET ADDRESS	***61.25	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DR. Rodney Gentry DR. RODNEY GENTRY 5-23-96 (305) 638-3688  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)