

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

APRIL 20, 1995

3a. Date of Last Report

1996

4. FLE Number

65-0662485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. RODNEY GENTRY  
5065 N.W. 27 AVE  
MIAMI, FLA. 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

July 2, 1997

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DR. RODNEY GENTRY	ID#
STREET ADDRESS	5065 N.W. 27 AVE. MIAMI, FLA. 33142	
CITY-ST-ZIP	MIAMI, FLA. 33142	
TITLE	VICE - PRESIDENT	<input type="checkbox"/> DELETE
NAME	JIMMY R. BURKE	ID#
STREET ADDRESS	1691 N.W. 189TH TERR. MIAMI, FLA. 33056	
CITY-ST-ZIP	MIAMI, FLA. 33056	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	ADRIAN LANS	
STREET ADDRESS	1228 S.W. 3AVE. MIAMI, FLA. 33130	
CITY-ST-ZIP	MIAMI, FLA. 33130	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JULIUS NELSON	ID#
STREET ADDRESS	1507 N.W. 100 ST. MIAMI, FLA. 33142	
CITY-ST-ZIP	MIAMI, FLA. 33142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

July 2, 1997 (305) 638-3648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)