

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # N98000003975

1. Entity Name  
MISSIONARY ECONOMIC DEVELOPMENT, INC.



Principal Place of Business  
5022 NW 7 AVE  
MIAMI, FL 33127

Mailing Address  
521 N.W. 110TH ST  
MIAMI, FL 33168

2. Principal Place of Business  
*521 NW 110th*  
Suite, Apt. #, etc.

3. Mailing Address  
*5022 NW 110th*  
Suite, Apt. #, etc.

City & State  
*MIAMI, FL*  
Zip  
*33168* Country  
*DADE*

City & State  
*MIAMI, FL*  
Zip  
*33127* Country  
*DADE*



07072006 Chg-NP CR2E037 (4/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PIERRE, JEAN  
5531 S.W. 38TH STREET  
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent  
Name  
*NONE*  
Street Address (P.O. Box Number is Not Acceptable)  
City  
*FL* Zip Code

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

Filing Fee is \$61.25  
Due by September 6, 2006

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERRE, JEAN	
STREET ADDRESS	5531 S.W. 38TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUCHON, GINA I	
STREET ADDRESS	5531 S.W. 38TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORDON, YVES M	
STREET ADDRESS	6637 NW 181 TERR	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/12/06*