

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007256

FILED
Mar 28, 2009
Secretary of State

Entity Name: CHRISTIAN CHURCH OF THE REGENERATION, INC.

Current Principal Place of Business:

720 NW 4 STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 259
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-0890026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-LOUIS, ALPHONSE
3341 NW 47TH TER.
#103
FORT LAUDERDALE, FL 33319 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: JEAN-LOUIS, ALPHONSE
Address: 2417 NW 9TH AVENUE, #B-5
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VD () Delete
Name: AUGUSTIN, JEAN A
Address: 6220 NW 15TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: TD () Delete
Name: EMILE, ETIENNE
Address: 581 NE 33 STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: SD () Delete
Name: CHARLES, LAURORE
Address: 2979 N DIXIE HWY 632
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: SULCIO, NEVIL
Address: 2273 NW 34 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: WISLY, JOSEPER
Address: 3341 NW 47TH TER #116
City-St-Zip: NORTH LAUD LAKES, FL 33338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: ALPHONSE JEAN LOUIS

P

03/28/2009

Electronic Signature of Signing Officer or Director

Date