2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

imon lauf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 05, 2004 08:00 AM Secretary of State

DOCUMENT # N9900000138	DO	CU	ME	VT	#	N990	0000	1384
------------------------	----	----	----	----	---	------	------	------

1. Entity Name

EGLISE DU NOUVEAU TESTAMENT, INC.

Principal Place of Business

281 N W 79 ST MIAMI, FL 33150 Mailing Address

1110 N.W. 126TH ST NORTH MIAMI, FL 33168



03132004 No Chg-NP

CR2E037 (10/03)

4.	FEI Number
	65-1055205

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

5. Name and Address of Current Registered Agent

DAUX, SIMON 1110 N.W. 126TH ST NORTH MIAMI, FL 33168

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 tide it	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🛘	\$5.00 May Be Added to Fees	U00000103515 04/05/0 4-8 0059-003-61-25				
10.	OFFICERS AND DIREC	TORS			-				
title name street address city-st-zip	PD DAUX, SIMON 1110 N.W. 126TH ST NORTH MIAMI, FL 33168								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAUX, CARMEN 1110 N.W. 128TH ST NORTH MIAMI, FL 33168								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOSEPH, OSTHENE 12155 N.E. MIAMI CT NORTH MIAMI, FL 33163			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP									
TRILE NAME STREET ADDRESS CSTY-ST-ZIP									
12. I 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 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.									