

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**


02-20-2007 90044 028 \*\*\*\*61.25

DOCUMENT # N99000001384 1. Entity Name EGLISE DU NOUVEAU TESTAMENT, INC.	
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Principal Place of Business 281 N W 79 ST MIAMI, FL 33150	Mailing Address 1110 N.W. 126TH ST NORTH MIAMI, FL 33168
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**DO NOT WRITE IN THIS SPACE**

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02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1055205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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. 126TH ST NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOSEPH, OSTHENE 12155 N.E. MIAMI CT NORTH MIAMI, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 #