

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49518

Entity Name: NEW REVELATION CHURCH OF C.M.A., INC.

Current Principal Place of Business:

777 N W 106 TH STRET
MIAMI, FL 33150

Current Mailing Address:

1201 S W 11TH AVE
DEERFIELD, FL 33441 US

FEI Number: 65-0358403

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOSEPH, CONSTANT REV
1201 SW 11TH AVE
DEERFIELD BEACH, FL 33441 US

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

Officer/Director Detail :

Title PRESIDENT
Name ANDRE, MARIE NADEGE
Address 20533 NW 19TH
City-State-Zip: MIAMI FL 33056

Title VP
Name LOUIS-JUSTE, MICHEL
Address 19815 NE 10TH AVE
City-State-Zip: MIAMI FL 33179

Title SECRETARY
Name ALEXIS, KARLINE
Address 2201 NW 51ST AVENUE
City-State-Zip: LAUDERHILL FL 33313

Title ASST. SECRETARY
Name ALEXIS, DIERLINE
Address 20700 NW 31ST AVENUE
City-State-Zip: MIAMI FL 33056

Title TREASURER
Name ALEXIS, DELIVA
Address 20700 NW 31ST AVENUE
City-State-Zip: MIRAMAR FL 33056

Title ASST. TREASURER
Name JOSEPH, ROGER
Address 1201 S W 11TH AVE
City-State-Zip: DEERFIELD FL 33441

Title COMPTROLLER
Name FRANCOIS, NICOLAS
Address 190 NE 121ST STREET
City-State-Zip: MIAMI FL 33161

Title BOARD MEMBER
Name FAUSTIN, ROSEMOND
Address 1201 S W 11TH AVE
City-State-Zip: DEERFIELD FL 33441

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KARLINE ALEXIS

SECRETARY

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name JULIEN, FLORENS

Address 1300 NW 192ND TERRACE

City-State-Zip: MIAMI FL 33169