

**2016 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            COUNSELOR  
Name            ALEXIS, DELIVA  
Address        20700 NW 31ST AVENUE  
City-State-Zip: MIRAMAR FL 33056

Title            TREASURER  
Name            ISIDOR, THOMSON  
Address        20506 NE 9 PL  
City-State-Zip: MIAMI FL 33179

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

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*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:** FLORENS JULIEN

**DIRECTOR**

01/07/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name JULIEN, FLORENS  
Address 1300 NW 192ND TERRACE  
City-State-Zip: MIAMI FL 33169

Title CORRESPONDING SECRETARY  
Name TELFORT, GISLAINE  
Address 8620 N SHERMAN CIRCLE  
506  
City-State-Zip: MIRAMAR FL 33025