

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90034 017 ****66.25

DOCUMENT # N03000004191

1. Entity Name

SOLDIERS OF CHRIST ASSOCIATION, INC.



Principal Place of Business

3463 SAPPHIRE RD
LANTANA FL 33462
US

Mailing Address

3463 SAPPHIRE RD
LANTANA FL 33462
US

34030404



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3463 SAPPHIRE RD

Suite, Apt. #, etc.

LANTANA

City & State

LANTANA FL

Zip

33462

Country

US

3. Mailing Address

P.O. BOX 3111

Suite, Apt. #, etc.

LANTANA

City & State

LANTANA FL

Zip

33465

Country

US

4. FEI Number

51-0469286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFRED, JOCELYN
3463 SAPPHIRE RD
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

ALFRED JOCELYN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-20-04

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: DIRECTOR
NAME: ALFRED JOCELYN
STREET ADDRESS: 3463 SAPPHIRE
CITY-ST-ZIP: LANTANA FL 33462

☐ Delete

TITLE: VICE DIRECTOR
NAME: ROMANE PAILLANT
STREET ADDRESS: 9095 NW 6 CT
CITY-ST-ZIP: DELRAY BEACH FL 33445

☐ Delete

TITLE: SECRETARY
NAME: CLAUDE DARCISSIE
STREET ADDRESS: 5133 CANN WAY
CITY-ST-ZIP: WEST PALM BEACH FL 33415

☐ Delete

TITLE: TREASURER
NAME: DIEU JUSTE ORELIENT
STREET ADDRESS: 3845 HELM CT APT 105
CITY-ST-ZIP: LANTANA FL 33462

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TITLE: TREASURER/ADVISER
NAME: FABIO LA JOSEPH
STREET ADDRESS: 3463 SAPPHIRE RD
CITY-ST-ZIP: LANTANA FL 33462

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TITLE: Member
NAME: Zulma Alfred
STREET ADDRESS: 3463 SAPPHIRE RD
CITY-ST-ZIP: LANTANA FL 33462

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Member
NAME: MIRTHA ORELIENT
STREET ADDRESS: 3845 HELM CT APT 105
CITY-ST-ZIP: LANTANA FL 33462

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

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.

SIGNATURE:

JOCELYN ALFRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-04

Date

Daytime Phone #