

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N05000009387



1. Entity Name

EGLISE EVANGELIQUE DU BON SAMARITAIN SOURCE  
DE L'EAU VIVE INC.

Principal Place of Business

5411 NW 3RD AVE  
MIAMI FL 33127

Mailing Address

5411 NW 3RD AVE  
MIAMI FL 33127

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0587949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

CORDON, RON ESQ  
335 NW 54TH ST  
MIAMI FL 33127

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CLAVEUS, JEAN R  
STREET ADDRESS 12300 NE 4TH AVE #211  
CITY-ST-ZIP MIAMI FL 33161

TITLE D ☐ Delete  
NAME JOSEPH, JULES  
STREET ADDRESS 520 NW 137TH ST  
CITY-ST-ZIP MIAMI FL 33168

TITLE D ☐ Delete  
NAME BAPTISTE, COLY JEAN  
STREET ADDRESS 14410 NW 16TH AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ Delete  
NAME BAPTISTE, ELISSAE JEAN  
STREET ADDRESS 14410 NW 16TH AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ Delete  
NAME WALKER, IMMACULA  
STREET ADDRESS 920 NE 199 ST APT 211  
CITY-ST-ZIP MIAMI FL 33179

TITLE D ☐ Delete  
NAME ST. HUBERT, CARLO  
STREET ADDRESS 245 NW 144TH ST  
CITY-ST-ZIP MIAMI FL 33168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jean Raymond Claveus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-23-08 786-2319408  
Date Document Fee #