


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 002 ****61.25

DOCUMENT # N06000008680

1. Entity Name
 EGLISE EVANGELIQUE SHECANIA, INC.



Principal Place of Business
 138 SE 27TH AVENUE
 BOYNTON BEACH, FL 33435

Mailing Address
 138 SE 27TH AVENUE
 BOYNTON BEACH, FL 33435

2. Principal Place of Business - No P.O. Box #
 51N CONGRES AVE

3. Mailing Address
 1232 P O BOX


Suite, Apt. #, etc.

City & State
 BOYNTON B. FL

City & State
 BOYNTON BEACH FL, 33425

Zip
 33426

Country



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number
 56-2604714

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DERILUS, OSIAS
 12157 COLONY PRESERVE DRIVE
 BOYNTON BEACH, FL 33436

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 Derilus DATE 03-21-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTAGNE, JEAN H	NAME	
STREET ADDRESS	2115 LINTON BLVD #4	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, MARGARETTE O	NAME	
STREET ADDRESS	2115 LINTON BLVD #4	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELLEUS, BERTHIDE	NAME	
STREET ADDRESS	12 CROSSING CIRCLE #D-103	STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, ROSALAIN	NAME	
STREET ADDRESS	1610 1ST CT	STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, MICHEL	NAME	CANIEL OSTAGNE
STREET ADDRESS	2125 CATHERINE DRIVE #4	STREET ADDRESS	2115 LINTON BLVD APT 4
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] DATE 03-21-07 DAYTIME PHONE # (561) 860-4510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR