

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N18123

1. Entity Name
ECLISE MISSIONAIRE TROMPETTE DE SION, INC.



Principal Place of Business
7642 N.W. 7TH AVE.
MIAMI, FL 33150

Mailing Address
7642 N.W. 7TH AVE.
MIAMI, FL 33150

DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0032708

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSMA, SILNY REV
7642 NW 7TH AVE
MIAMI, FL 33150

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IN THIS SPACE**

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

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

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEPTUNE, LEONEL REV
STREET ADDRESS 6081 WORCONDA WAY
CITY-ST-ZIP LAKE WORTH, FL 33163

TITLE D
NAME GEORGE, VELIA
STREET ADDRESS 8375 NE 3RD COURT
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME JOSMA, MARIE L
STREET ADDRESS 9605 SW 78TH ST
CITY-ST-ZIP MIAMI, FL 33173

TITLE P
NAME JOSMA, SILNY
STREET ADDRESS 7642 NW 7TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME JOSMA, LYCEE
STREET ADDRESS 3199 HANGING MOSS CIRC
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE T
NAME FINELIA, DORCEANT
STREET ADDRESS 845 NW 149 TERR
CITY-ST-ZIP MIAMI, FL 33168

U00000665850
03/23/07-80047-004 75.00

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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:

Lycee Josma Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07
Date

Daytime Phone #