


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21275**  
 1. Entity Name  
**MISSION L'EGLISE DE JESUS CHRIST, INC.**



Principal Place of Business <b>CHURCH OF JESUS CHRIST SABBATH KEEPING          1045 26TH STREET          3280500, FL 32805 US</b>	Mailing Address <b>CHURCH OF JESUS CHRIST SABBATH KEEPING          1045 26TH STREET          ORLANDO, FL 32802 US</b>
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**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2820349</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**NERCIUS, CINCYRE  
 TULANE DR 534  
 ALTAMONTE SPRINGS, FL 32714**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTP Registered Agent signature required when retaining)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NERCIUS, CINCYR 1045 26TH STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESUMONT, JEAN BAPTISTE 1043 1/2 26TH STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCATE, MARIE 1045 26TH STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUC, SERAPHINE 1045 26TH STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110001451380  
 03/01/06-30752-002 61.25

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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: Marie R Lucate 2/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #