


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90029 010 ****70.00

DOCUMENT # N00000003998	
1. Entity Name TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPORATION	

Principal Place of Business 2227 NW 7TH AVE MIAMI FL 33127	Mailing Address PO BOX 382232 MIAMI FL 33238-2232
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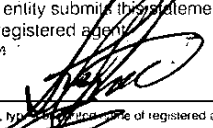
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-1062688		Applied For Not Applicable	
5. Certificate of Status Desired A		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGCHAMP, GERANDALE 2430 N W 93RD STREET MIAMI FL 33147		7. Name and Address of New Registered Agent Name: Raphael, Sagesse Rev. Street Address (P.O. Box Number is Not Acceptable): 770 NW 129 St City: Miami FL Zip Code: 33168	

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:  Rev. DATE: 3-14-06

Signature, type and print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	RAPHAEL, SAGESSE REV.	NAME	
STREET ADDRESS	770 NW 129 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGCHAMP, GERANDALE	NAME	Marie G. Durosier
STREET ADDRESS	2430 N W 93RD STREET	STREET ADDRESS	540 NW 110 Street
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	Miami, FL 33168
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGCHAMP, ANDRE	NAME	
STREET ADDRESS	2430 NW 3RD STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, MARIE T	NAME	
STREET ADDRESS	11038 NE 3RD AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES, JOSEPH L	NAME	Bernadette Pierre
STREET ADDRESS	735 NW 29TH TERR., #1	STREET ADDRESS	346 NW 84 Terrace
CITY-ST-ZIP	MIAMI FL 33127	CITY-ST-ZIP	Miami, FL 33150
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPHAEL, SAGESSE REV	NAME	Rachelle Dorvil
STREET ADDRESS	770 NW 129 ST	STREET ADDRESS	1226 NW 32nd Street
CITY-ST-ZIP	MIAMI FL 33168	CITY-ST-ZIP	Miami, FL 33142

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:  Sagesse Raphael Rev. DATE: 3-14-06 786587478