

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003998

FILED
Jan 19, 2009
Secretary of State

Entity Name: TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPORATION

Current Principal Place of Business:

2227 NW 7TH AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

PO BOX 382232
MIAMI, FL 332382232

New Mailing Address:

FEI Number: 65-1062688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAPHAEL, SAGESSE, REV
770 NW 129 ST
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAPHAEL, SAGESSE REV.
Address: 770 NW 129 ST
City-St-Zip: MIAMI, FL 33168

Title: SD () Delete
Name: DUROSIER, MARIE G
Address: 540 N.W. 110 ST
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: SAGESSE, RAPHAEL
Address: 770 NW 129 ST
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: BOUZI, LEA
Address: 720 NE 138 ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: RAPHAEL, PAULETTE
Address: 770 NW 129 ST
City-St-Zip: MIAMI, FL 33168

Title: C () Delete
Name: DORVILL, RACHELLE
Address: 1226 N.W. 32ND ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KATHIA, RAPHAEL
Address: 770 NW 129 ST
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAGESSE RAPHAEL

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date