

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003998

**Entity Name:** TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI,  
CORPORATION**Current Principal Place of Business:**2227 NW 7TH AVE  
MIAMI, FL 33127**Current Mailing Address:**PO BOX 382232  
MIAMI, FL 33238-2232**FEI Number: 65-1062688****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAPHAEL, SAGESSE, REV  
770 NW 129 ST  
MIAMI, FL 33168 US*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**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | RAPHAEL, SAGESSE REV. |
| Address         | 770 NW 129 ST         |
| City-State-Zip: | MIAMI FL 33168        |

|                 |                   |
|-----------------|-------------------|
| Title           | SD                |
| Name            | DUROSIER, MARIE G |
| Address         | 540 N.W. 110 ST   |
| City-State-Zip: | MIAMI FL 33168    |

|                 |                 |
|-----------------|-----------------|
| Title           | SD              |
| Name            | RAPHAEL, KATHIA |
| Address         | 770 NW 129 ST   |
| City-State-Zip: | MIAMI FL 33168  |

|                 |                |
|-----------------|----------------|
| Title           | TD             |
| Name            | BOUZI, LEA     |
| Address         | 720 NE 138 ST  |
| City-State-Zip: | MIAMI FL 33161 |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | RAPHAEL, PAULETTE |
| Address         | 770 NW 129 ST     |
| City-State-Zip: | MIAMI FL 33168    |

|                 |                   |
|-----------------|-------------------|
| Title           | C                 |
| Name            | DORVILL, RACHELLE |
| Address         | 1226 N.W. 32ND ST |
| City-State-Zip: | MIAMI FL 33142    |

*I hereby 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 all other like empowered.*

**SIGNATURE: REV. SAGESSE RAPHAEL****D****01/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date