

**2023 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	Title	SD
Name	RAPHAEL, SAGESSE REV.	Name	RAPHAEL, KATHIA
Address	770 NW 129 ST	Address	770 NW 129 ST
City-State-Zip:	MIAMI FL 33168	City-State-Zip:	MIAMI FL 33168
Title	TD	Title	D
Name	RAPHAEL, ALEX S	Name	RAPHAEL, PAULETTE
Address	770 NW 129 ST	Address	770 NW 129 ST
City-State-Zip:	MIAMI FL 33168	City-State-Zip:	MIAMI FL 33168

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: SAGESSE RAPHAEL****D****02/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date