

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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 755401

1. Entity Name
L'EGLISE DE LA PERFECTION EN JESUS-CHRIST, INC.



Principal Place of Business

**585 N.W. 71ST ST.
MIAMI, FL 33150**

Mailing Address

**585 N.W. 71ST ST.
MIAMI, FL 33150**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2492862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FAMIL, JEAN ST. VIL
585 N.W. 71 ST.
MIAMI, FL 33150**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000543339
05/13/06-80016-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CLERGE, WILLIAM E
STREET ADDRESS	585 NW 71ST STREET
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	STD
NAME	JEAN, JOEL
STREET ADDRESS	585 NW 71ST STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	VD
NAME	FAMIL, JEAN ST VIL
STREET ADDRESS	585 NW 71ST STREET
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

Daytime Phone #