

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-29-2005 90001 025 ***61.00
N00000003941

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30053346

DOCUMENT # N00000003941					
1. Entity Name EGLISE DE MORIJA, INC.					
Principal Place of Business 1087 FERNLEA DR. W. PALM BCH, FL 33417			Mailing Address 958 MILITARY TRAIL PMB #91 W. PALM BCH, FL 33415		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1013554	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERRE, GEHU 1087 FERNLEA DR. W. PALM BCH, FL 33417				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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)					
DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETIT, EVARIS		NAME		
STREET ADDRESS	147 5TH CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33407		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLAIRINORD, FLERILUS		NAME		
STREET ADDRESS	5675 E. LINCOLN CIRLCE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUNTALANTOTHERMITES, GEORGE		NAME		
STREET ADDRESS	1441 NW 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PIERRE, GEHU		NAME		
STREET ADDRESS	1087 FERNLEA DR.		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH, FL 33417		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LORME, GILBERT		NAME		
STREET ADDRESS	300 SW 12 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOSEPH, WILBENS		NAME		
STREET ADDRESS	1225 WEST DREW ST		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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: <u>Pastor Gehu Pierre</u> <u>6/19/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					