


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 042 ****70.00

DOCUMENT # N00000003998 1. Entity Name TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPORATION	
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Principal Place of Business 2227 NW 7TH AVE MIAMI FL 33127	Mailing Address PO BOX 382232 MIAMI FL 33238-2232
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



MOORE CR2E037 (11/03)

4. FEI Number 65-1062688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LONGCHAMP, GERANDALE
2430 N W 93RD STREET
MIAMI FL 33147

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUTURE, EUGENIO <input checked="" type="checkbox"/> Delete 10 N. 117 ST MIAMI FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONGCHAMP, GERANDALE <input type="checkbox"/> Delete 2430 N W 93RD STREET MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONGCHAMP, ANDRE <input type="checkbox"/> Delete 2430 NW 3RD STREET MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEAN, MARIE T <input type="checkbox"/> Delete 11038 NE 3RD AVE. MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, JOSEPH L <input type="checkbox"/> Delete 735 NW 29TH TERR., #1 MIAMI FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RAPHAEL, SAGESSE REV <input type="checkbox"/> Delete 770 NW 129 ST MIAMI FL 33168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raphael, Sagesse Rev. 770 NW 129 St Miami, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **Reverend Sagesse Raphael, D.** 3/2/04 305-688-0206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #