

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 014 ****70.00

DOCUMENT # N00000003998
 1. Entity Name
 TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPORATION



Principal Place of Business Mailing Address
 2227 NW 7TH AVE PO BOX 382232
 MIAMI FL 33127 MIAMI FL 33238-2232



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 65-1062688 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RAPHAEL, SAGESSE, REV
 770 NW 129 ST
 MIAMI FL 33168

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, 2007

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	
TITLE: D NAME: RAPHAEL, SAGESSE REV. STREET ADDRESS: 770 NW 129 ST CITY-ST-ZIP: MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE: SD NAME: DUROSIER, MARIE G STREET ADDRESS: 540 N.W. 110 ST CITY-ST-ZIP: MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE: TD NAME: LONGCHAMP, ANDRE STREET ADDRESS: 2430 NW 3RD STREET CITY-ST-ZIP: MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE: TD NAME: JEAN, MARIE T STREET ADDRESS: 11038 NE 3RD AVE. CITY-ST-ZIP: MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: PIERRE, BERNADETTE STREET ADDRESS: 346 NW 84 TERRACE CITY-ST-ZIP: MIAMI FL 33150	<input checked="" type="checkbox"/> Delete
TITLE: C NAME: DORVILL, RACHELLE STREET ADDRESS: 1226 N.W. 32ND ST CITY-ST-ZIP: MIAMI FL 33142	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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: TD NAME: Bouzi, Lea STREET ADDRESS: 720 NE 138 St CITY-ST-ZIP: N. Miami, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Raphael, Paulette STREET ADDRESS: 770 NW 129 St CITY-ST-ZIP: N. Miami, FL 33168	<input checked="" 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 exemptions contained in Section 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: *Raphael Sagesse* DATE: 2-21-07