

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90033 039 ****70.00

DOCUMENT # N00000003998

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

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number: **65-1062688** Applied For: 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 Due By May 1, 2008

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 NAME: RAPHAEL, SAGESSE REV. STREET ADDRESS: 770 NW 129 ST CITY-ST-ZIP: MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DUROSIER, MARIE G STREET ADDRESS: 540 N.W. 110 ST CITY-ST-ZIP: MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LONGCHAMP, ANDRE STREET ADDRESS: 2430 NW 3RD STREET CITY-ST-ZIP: MIAMI FL 33147	<input checked="" type="checkbox"/> Delete	TITLE: <i>Sagesse Raphael</i> NAME: _____ STREET ADDRESS: <i>770 N.W 129 St</i> CITY-ST-ZIP: <i>N. MIAMI FLA. 33168</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BOUZI, LEA STREET ADDRESS: 720 NE 138 ST CITY-ST-ZIP: MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RAPHAEL, PAULETTE STREET ADDRESS: 770 NW 129 ST CITY-ST-ZIP: MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: DORVILL, RACHELLE STREET ADDRESS: 1226 N.W. 32ND ST CITY-ST-ZIP: MIAMI FL 33142	<input type="checkbox"/> Delete	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* Director DATE: *2-23-08*