

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003998

FILED  
Feb 26, 2012  
Secretary of State

**Entity Name:** TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPORATION

**Current Principal Place of Business:**

2227 NW 7TH AVE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 382232  
MIAMI, FL 332382232

**New Mailing Address:**

FEI Number: 65-1062688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAPHAEL, SAGESSE, REV  
770 NW 129 ST  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAPHAEL, SAGESSE REV.  
Address: 770 NW 129 ST  
City-St-Zip: MIAMI, FL 33168

Title: SD  
Name: DUROSIER, MARIE G  
Address: 540 N.W. 110 ST  
City-St-Zip: MIAMI, FL 33168

Title: SD  
Name: RAPHAEL, KATHIA  
Address: 770 NW 129 ST  
City-St-Zip: MIAMI, FL 33168

Title: TD  
Name: BOUZI, LEA  
Address: 720 NE 138 ST  
City-St-Zip: MIAMI, FL 33161

Title: D  
Name: RAPHAEL, PAULETTE  
Address: 770 NW 129 ST  
City-St-Zip: MIAMI, FL 33168

Title: C  
Name: DORVILL, RACHELLE  
Address: 1226 N.W. 32ND ST  
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAGESSE RAPHAEL

D

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date