


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005799
1. Entity Name
EGLISE FRATERNITE CHRETIENNE INC.



Principal Place of Business Mailing Address
20 NE 49TH ST 20 NE 49TH ST
MIAMI, FL 33137 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



05102005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-1118436 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENAVAR, LAISNER
20 NE 49TH ST
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENAVAR, LAISNER 20 NE 49TH STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR CHRISTIAN, JEAN 820 NE 182ND STREET MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AUGUSTIN, EVELYN 20910 NE 8TH COURT APP201 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/05-80010-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Laisner Denavar 5-10-05 305-358-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #