


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90037 014 ****61.25

DOCUMENT # N00000005799			
1. Entity Name EGLISE FRATERNITE CHRETIENNE INC.			
Principal Place of Business 20 NE 49TH ST MIAMI, FL 33137		Mailing Address 20 NE 49TH ST MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 10 NW 85 St Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Mia Fla		City & State	
Zip 33137	Country Dade	Zip	Country
4. FEI Number 65-1118436		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENAVER, LAISNER 20 NE 49TH ST MIAMI, FL 33137		7. Name and Address of New Registered Agent Name <i>Emile Pierre Cherry</i> Street Address (P.O. Box Number is Not Acceptable) <i>1491 N.E. 149 St N.M.B 33161</i> City <i>N.M.B</i> FL Zip Code <i>33161</i>	
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 <i>Laisner Denaver</i>		DATE	
Filing Fee is \$61.25 Due by September 14, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENAVER, LAISNER 20 NE 49TH STREET MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tr Augustin Evelyn</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>820 NE 182ND Street Mia Fla 33179</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR CHRISTIAN, JEAN 820 NE 182ND STREET MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Emile Pierre Cherry</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1491 N.E. 149 St N.M.B 33161</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AUGUSTIN, EVELYN 20910 NE 8TH COURT APP201 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> 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 Chapter 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: <i>Laisner Denaver</i>		Date <i>5/6/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>305-758-5431</i>	

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05022007 Chg-NP CR2E037 (12/06)