

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 035 ****61.25

DOCUMENT # N00000007762

1. Entity Name

CHURCH OF JESUS-CHRIST REHOBOTH, INC.



Principal Place of Business

15604 NE 12TH AVE.
N. MIAMI BEACH FL 33162

Mailing Address

15604 NE 12TH AVE.
N. MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JEAN-LOUIS, JEAN
15604 NE 12TH AVE.
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

15-1070727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD ☐ Delete
NAME JEAN-LOUIS, JEAN
STREET ADDRESS 15604 NE 12TH AVE.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE D ☐ Delete
NAME AUGUSTE, FERDINAND
STREET ADDRESS 10850 NE 3RD AVE.
CITY-ST-ZIP MIAMI FL 33161

TITLE D ☐ Delete
NAME FLEURME, MARIE
STREET ADDRESS 430 NE 147 ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE D ☐ Delete
NAME JULES, JOSEPH
STREET ADDRESS 3321 NW 174 ST
CITY-ST-ZIP CAROL CITY FL 33056

TITLE D ☐ Delete
NAME Jean-louis Jennifer
STREET ADDRESS 15604 NE 12 Ave
CITY-ST-ZIP N. Miami Beach

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/04

Date

Daytime Phone #

54062866



MOORE

CR2E037 (11/03)