


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90018 046 \*\*\*\*70.00

DOCUMENT # N01000003239		
1. Entity Name LA VRAIE EGLISE DE JESUS CHRIST, INC		

Principal Place of Business 147 E LUCY STREET FLORIDA CITY, FL 33034	Mailing Address 147 E LUCY STREET FLORIDA CITY, FL 33034
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50003604



2. Principal Place of Business <i>322 NW 9 AVE</i>	3. Mailing Address <i>322 NW 9 AVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02092006 Chg-NP CR2E037 (11/05)

City & State <i>HOMESTEAD FL</i>	City & State <i>HOMESTEAD FL</i>
Zip <i>33030</i>	Zip <i>33030</i>
Country <i>DADE</i>	Country <i>DADE</i>

4. FEI Number 65-1112769	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
LAFORTUNE, CLAUDE REV.  
318 SW 5TH STREET  
HOMESTEAD, FL 33030

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	VD BAPTISTE, ABNER REV. 318 SW 5TH STREET HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> GERMAIN, ROCHENEL <input checked="" type="checkbox"/> Delete 318 SW 5TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THILOR, RAYMONT <input type="checkbox"/> Delete 147 E LUCY ST FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAFORTUNE, EUNIDE <input type="checkbox"/> Delete 147 E LUCY STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFORTUNE, CLAUDE <input type="checkbox"/> Delete 147 E LUCY STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGARO, ALOURDES <input type="checkbox"/> Delete 318 SW 5TH ST HOMESTEAD, FL 33030

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ Date: *3/17/06* Daytime Phone # \_\_\_\_\_

ATTACHMENT  
50003604  
#NO1000003239


LA VRAIE EGLISE DE JESUS- CHRIST, INC  
322 NW 9 AVE HOMESTEAD FL 33030

TO SECRETARY OF STATE OF FLORIDA

I'M REV: CLAUDE LAFORTUNE PASTOR OF LA VRAIE DE JESUS-  
CHRIST INC, I WRITE THIS LETTER TO LET THE STATE KNOW ABNER  
BAPTISTE IS NO LONGER AT THE CHURCH . BECAUSE HE WAS  
FIGHTING WITH THE DEACON ROCHENEL GERMAIN AND THE SNIOR  
PASTOR, BUT HE WAS DIVIDED THE CHURCH TO MAKE IS OWN  
CHURCH I ADVISE THE STATE OF FLORIDA DO NOT GIVE ANY  
CERTIFICAT TO HIM BECAUSE IS NOT QUALIFY FOR ANY LICENSE  
FOR CHURCH.

THANKS & God Bless.

REV: CLAUDE LAFORTUNE SR PASTOR

  
3/16/06