

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90028 035 \*\*\*\*61.25

<b>DOCUMENT # N01000004300</b> 1. Entity Name EGLISE DE DIEU RETOUR DE JESUS CHRIST, INC.			
Principal Place of Business C/O BISHOP LAFORTUNE VOLCEY 6500 WINEGUARD ROAD # 225 ORLANDO, FL 32809		Mailing Address C/O BISHOP LAFORTUNE VOKEY <i>Volley</i> 6500 WINEGUARD ROAD # 225 ORLANDO, FL 32809	
2. Principal Place of Business <i>C/O Bishop Lafortune Volley</i> Suite, Apt. #, etc. <i>2300 S.O.B.+</i>		3. Mailing Address <i>2300 S.O.B.+</i> Suite, Apt. #, etc. <i>5</i>	
City & State <i>ORLANDO FL</i> Zip <i>32805</i>		City & State <i>ORLANDO FL</i> Zip <i>32805</i>	
Country <i>ORANGE COUNTY</i>		Country <i>ORANGE</i>	
4. FEI Number 59-3716233		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VOLCEY-LAFORTUNE-BISHOP 1200 HOLDEN AVENUE # 261 ORLANDO, FL 32839		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> 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 <i>Bishop LaFortune Volley</i> <span style="float: right;"><i>7/15/06</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VOLCEY, LAFORTUNE <i>1200 Holden Av</i> <input type="checkbox"/> Delete 4498 SILVER STAR RD., #F-123 <i>899</i> ORLANDO, FL <i>32839</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VOLCEY, CELISNA <i>1200 Holden Av</i> <input type="checkbox"/> Delete 4498 SILVER STAR RD., #F-123 <i>128 ORLANDO FL 32839</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>GEORGE NEWMAN</del> <input type="checkbox"/> Delete 4498 SILVER STAR RD., #F-123 ORLANDO, FL <i>32808</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOUIS MARC M. <input type="checkbox"/> Delete 4201 LARRY COURT #1 ORLANDO, FL <i>32839</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pastor Billy Pierre <input type="checkbox"/> Delete 1200 Holden Av <i>128</i> ORLANDO FL <i>32839</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LENER JEUNE <input type="checkbox"/> Delete 2141 Orange Center Bl Apt # C Orlando FL <i>32805</i>		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dieusseul Cassels <input type="checkbox"/> Change <input type="checkbox"/> Addition 4802 POLARIS ST ORLANDO FL, <i>32839</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pastor CANGAS Guillaume <input type="checkbox"/> Change <input type="checkbox"/> Addition 571 N. 10.180 drive N Miami beach FL <i>33162</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV. Francaeu Smith <input type="checkbox"/> Change <input type="checkbox"/> Addition 2813 Greenfield St Orlando, FL <i>32808</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV. Josue Alverseau <input type="checkbox"/> Change <input type="checkbox"/> Addition 2813 Greenfield St Orlando FL <i>32808</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wadner Francois <input type="checkbox"/> Change <input type="checkbox"/> Addition 5505 Sagefield St Orlando, FL <i>32808</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV. Rea Francois <input type="checkbox"/> Change <input type="checkbox"/> Addition 5505 Sagefield St Orlando FL <i>32808</i>		
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>Bishop LaFortune Volley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7-15-106</i> <small>Daytime Phone #</small>	