


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006644	
1. Entity Name EGLISE CHRETIANNE DU BON BERGER, INC.	

Principal Place of Business 3430 NW 29 ST LAUDERDALE LAKES, FL 33311	Mailing Address 3430 NW 29 ST LAUDERDALE LAKES, FL 33311
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02102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1142826	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 DUMEL, JACE 3430 NW 29 ST LAUDERDALE LAKES, FL 33311
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUMEL, JACE 3430 NW 29 ST LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENT, LOUIS 2220 NW 59 AVE LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUMEL, GLADYS 3430 NW 29 ST LAUDERDALE LAKES, FL 33311
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/07-80014-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Jace Dumel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2007

Date

Daytime Phone #