


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003436

1. Entity Name
EGLISE EVANGELIQUE BON SAMARITAIN INC.



Principal Place of Business 7183 NW 7 AVE MIAMI, FL 33150	Mailing Address 7183 NW 7 AVE MIAMI, FL 33150
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 74-3043523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FARELUS, MANECE
7183 NW 7 AVE
MIAMI, FL 33150

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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 reconstituting) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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

U00000164645
07/08/04-80017-005 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARELUS, MANECE 14691 NE 16 AVE. DR. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAVEUS, JEAN-RAYMOND 400 NE 137 ST APT 204 MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULES, JOSEPH 400 NE 137 ST APT 204 MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETION, PROSPER 471 NE 71 ST MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEAN-BAPTISTE, COLY C 14410 NW 16 AVE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Farelus Manece 07/08/04 786-326-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #