

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90244 030 ****75.00

DOCUMENT # N02000003436

1. Entity Name
EGLISE DE DIEU DU BON SAMARITAIN INC.



Principal Place of Business
**7183 NW 7 AVE
MIAMI, FL 33150**

Mailing Address
**520 N.W. 124TH STREET
MIAMI, FL 33168**

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2. Principal Place of Business
7183 NW 7 AVE
Suite, Apt. #, etc.

3. Mailing Address
14691 NW 16 DR
Suite, Apt. #, etc.

03222006 Chg-NP CR2E037 (11/05)

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number
74-3043523

Applied For
Not Applicable

Zip
33150

Country
DADE

Zip
33167

Country
DADE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PIERRE, ANDRE
550 N.E. 124TH STREET
MIAMI, FL 33138**

7. Name and Address of New Registered Agent

Name
MANECE FARELUS
Street Address (P.O. Box Number is Not Acceptable)
14691 NW 16 DRIVE
City
MIAMI FL Zip Code
33167

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 *Manece Farelus*

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

(NOTE: Registered Agent signature required when reinstating)

3-22-06

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	PRES JULES, JOSEPH 520 N.W. 127TH STREET MIAMI, FL 33168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALKER, IMMACULA 14237 MEMORIAL HIGHWAY MIAMI, FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA JEAN-BAPTISTE, ELISSAGE 14410 N.W. 16TH AVENUE MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC JEAN-BAPTISTE, COLY 14410 N.W. 16TH AVENUE MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS PETION, PROSPER 477 N.E. 71 STREET MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ST-HUBBERT, CARLOS 245 N.W. 144TH STREET MIAMI, FL 33168	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MANECE FARELUS 14691 NW 16 Drive MIAMI FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERETTE FARELUS 14691 NW 16 Drive MIAMI FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA CELIA DE l'homme 7183 NW 7 AVE MIAMI FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC EMMANUEL A GARNER 540 N.E 68 Street MIAMI FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS WESNER SIMON 1110 NW 126 Street MIAMI FL 33168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SOLINE DAUX 10400 NW 5 AVE MIAMI FL 33150	<input checked="" 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: *Manece Farelus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06

Date

Daytime Phone #