

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90050 026 ****61.25

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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 14691 NW 16 DR MIAMI, FL 33167		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3043523	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FARELOS, MANECE 14691 NW 16 DR MIAMI, FL 33167			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MANECE, FARELOS 14691 NW 16 DR MIAMI, FL 33167	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MANECE FARELOS 14691 NW 16 DR MIAMI FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARELOS, PERETTE 14691 NW 16 DR MIAMI, FL 33167	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARELOS PERETTE 14691 NW 16 DR MIAMI FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DELHOMME, CELIA 7183 NW 7 AVE MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Delhomme Celia 7183 NW 7th Ave MIA. FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GADNER, EMMANUELLA 540 NE 68 ST MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. SIMON WESTNER 1110 NW 126 ST MIA. FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON, WESNER 1110 NW 126 ST MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. DAUX SOline 10400 NW 5 Ave MIA. FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAUX, SOLINE 10400 NW 5 AVE MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Manece Farelus</u> MANECE FARELOS <u>2-13-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					