

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business / 3. Mailing Address (Subs, Apt. #, etc., City & State, Zip, Country)

4. FEI Number: **74-304352** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: **FARELLUS, MANECE**, 7183 NW 7 AVE, MIAMI, FL 33150

7. Name and Address of New Registered Agent (Name, Street Address, City, 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: _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: FARELLUS, MANECE STREET ADDRESS: 14801 NE 16 AVE DR CITY-ST-ZIP: MIAMI, FL 33180	<input type="checkbox"/> Date	TITLE: FARELLUS, MANECE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: CLAYELUS, JEAN-RAYMOND STREET ADDRESS: 400 NE 137 ST APT 204 CITY-ST-ZIP: MIAMI, FL 33180	<input type="checkbox"/> Date	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JULES, JOSEPH STREET ADDRESS: 400 NE 137 ST APT 204 CITY-ST-ZIP: MIAMI, FL 33180	<input type="checkbox"/> Date	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PETION, PROSPER STREET ADDRESS: 471 NE 71 ST CITY-ST-ZIP: MIAMI, FL 33180	<input type="checkbox"/> Date	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: JEAN-BAPTISTE, COLY C STREET ADDRESS: 14410 NW 16 AVE CITY-ST-ZIP: MIAMI, FL 33180	<input type="checkbox"/> Date	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Date	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 trustee 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 Jules**

44003693

(74-3043523)

CREATED 10/03