

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90051 022 \*\*\*\*61.25

**DOCUMENT # N03000003301**

1. Entity Name

CHRIST FOR BETTER LIVING, INC.



Principal Place of Business

1656 N E 151 STREET  
MIAMI FL 33162

Mailing Address

P.O. BOX 641101  
MIAMI FL 33164-1101

2. Principal Place of Business

1656 NE 151st  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 641101  
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Miami, FL  
Zip 33162 Country USA

City & State

Miami, FL  
Zip 33164 Country USA

4. FEI Number

ETN 02-0688483

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAURENCEAU, MARIE M  
12486 N E 7TH AVENUE  
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name: LAURENCEAU, MARIE M.  
Street Address (P.O. Box Number is Not Acceptable)  
12488 NE 7th Ave.  
City: Miami FL Zip Code: 33161

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	President	<input type="checkbox"/> Delete
NAME	JEAN NOEL	
STREET ADDRESS	P.O. Box 641101	
CITY-ST-ZIP	Miami, FL 33164-1101	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	PAMELA PALMER	
STREET ADDRESS	202 SW NE 2nd Ave # R18	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Dr. Noel Brathwaite	
STREET ADDRESS	118 SW South River Drive	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	EDUIGUE M. NOEL	
STREET ADDRESS	2440 NW 176 Terrace	
CITY-ST-ZIP	Miami FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/04 305-944-071

Date

Daytime Phone #