

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004137

FILED
Jul 19, 2005
Secretary of State

Entity Name: FLAMME CELESTE CHURCH, INC.

Current Principal Place of Business:

5441 N SR 7
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5441 N SR 7
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 59-3769336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LINDOR, MICHAEL REV PAS
5605 NW 59 AVE
TAMARAC, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LINDOR, MICHAEL
Address: 6033 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33360

Title: DV () Delete
Name: JOSEPH, MARLEINE
Address: 6033 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33360

Title: DT () Delete
Name: ETIENNE, JEANNE
Address: 5605 NW 50 AVE
City-St-Zip: TAMARAC, FL 33319

Title: DS () Delete
Name: PRUDENT, EUGENE
Address: 6033 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33360

Title: D () Delete
Name: MEDARD, JOSETTE
Address: 6033 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LINDOR

DP

07/19/2005

Electronic Signature of Signing Officer or Director

Date