

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007498

FILED  
Jan 17, 2004  
Secretary of State

Entity Name: EGLISE CHRETIENNE L'AMOUR ET LA VIE, INC.

**Current Principal Place of Business:**

1216 SHARAR AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

1216 SHARAR AVENUE  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 20-0190542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLES, LUCKNER  
1216 SHARAR AVENUE  
OPA LOCKA, FL 33054

**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: PD ( ) Delete  
Name: GILLES, LUCKNER PASTOR  
Address: 1216 SHARAR AVENUE  
City-St-Zip: OPA-LOCKA, FL 33054

Title: SD ( ) Delete  
Name: ARISTILDE, GHISLAINE  
Address: 1216 SHARAR AVENUE  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D ( ) Delete  
Name: CADET, GEORGE  
Address: 1429 NE 118TH TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Delete  
Name: NELZI, JN ROBERT  
Address: 12801 EAST RENDAL PARK  
City-St-Zip: MIAMI, FL 33054

**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:

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: LUCKNER GILLES

PRES

01/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date