

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009076

FILED
Feb 23, 2006
Secretary of State

Entity Name: EGLISE DU BON PASTEUR, INC.

Current Principal Place of Business:

3635 NE 1 AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380356
MIAMI, FL 33238

New Mailing Address:

FEI Number: 20-0762225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSEUS, REV FRANTZ J
525 NW 115 ST
MIAMI, FL 33168 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: MRS () Delete
Name: MICHEL, ESTHER
Address: 18700 NE 3RD CT #622
City-St-Zip: MIAMI, FL 33162 US

Title: MRS () Delete
Name: DESPINOSSE, SUZIE
Address: 95 NE 131 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: MRS () Delete
Name: BRUNACHE, ANRIETTE
Address: 15221 NE 6TH AVE # 208A
City-St-Zip: MIAMI, FL 33162 US

Title: REV () Delete
Name: CASSEUS, FRANTZ J
Address: 525 NW 115 STREET
City-St-Zip: MIAMI, FL 33168 US

Title: MR () Delete
Name: POLYNICE, AUGUSTIN
Address: 525 NW 115 STREET
City-St-Zip: MIAMI, FL, FL 33168 US

Title: MRS () Delete
Name: AUGUSTE, LUCE
Address: 16910 NE 1ST STREET
City-St-Zip: MIAMI, FL 33162 US

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:

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 Chapter 119, 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: DIRECTOR SIGNATURE

REV

02/23/2006

Electronic Signature of Signing Officer or Director

Date