

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000273

FILED
May 21, 2007
Secretary of State

Entity Name: HOSANNA EVANGELICAL ALLIANCE CHURCH, INC.

Current Principal Place of Business:

515 NE 3RD STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

515 NE 3RD STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 20-4305655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CINEUS, ESTAGNE REV.
548 CORTEZ LANE
DELRAY BEACH, FL 334452466 US

Name and Address of New Registered Agent:

CINEUS, ESTAGNE REV.
548 CORTEZ LANE
DELRAY BEACH, FL 33445 US

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

05/21/2007

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CINEUS, ESTAGNE PASTOR
Address: 548 CORTEZ LANE
City-St-Zip: DELRAY BEACH, FL 334452466

Title: D () Delete
Name: CHERY, PROSPER
Address: 7286 WILLOW SPRINGS CIR. NORTH
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: DELVA, JEAN D
Address: 327 SOUTHRIDGE RD.
City-St-Zip: DELRAY BEACH, FL 334442225

Title: D () Delete
Name: ANTOINE, FAVEUR
Address: 338 SW 1ST AVE.
City-St-Zip: DELRAY BEACH, FL 334443507

Title: D () Delete
Name: DESIMABLE, TIMA
Address: 4650 CORTEZ LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: UNSEULDIEU, JOHN P
Address: 900 S.W. 2ND AVE.
City-St-Zip: DELRAY BEACH, FL 33445

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 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: CINEUS ESTAGNE

Electronic Signature of Signing Officer or Director

D

05/21/2007

Date