

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90002 021 \*\*\*\*61.25

<b>DOCUMENT # N04000006928</b> 1. Entity Name <b>EL GHANNA EVANGELICAL CHRISTIAN CHURCH, INC.</b>					
Principal Place of Business <b>12546 NW 7TH AVE MIAMI, FL 33168</b>			Mailing Address <b>225 NW 125TH ST MIAMI, FL 33168</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>34-2003316</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04222005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>FRANCISQUE, JACSAINT 225 NW 125TH ST MIAMI, FL 33168</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISQUE, JACSAINT			NAME	
STREET ADDRESS	225 NW 125TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT, OULETTE			NAME	
STREET ADDRESS	225 NW 125TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAR, MAJOIRE			NAME	
STREET ADDRESS	225 NW 125TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCINE, MAGALIE			NAME	
STREET ADDRESS	225 NW 125TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETIENNE, LOUISE			NAME	
STREET ADDRESS	225 NW 125TH ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Jacsa Saint Francisque</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/19/05 (305) 685-1216 <small>Date Daytime Phone</small>	

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