

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000006928

1. Entity Name  
EL GHANNA EVANGELICAL CHRISTIAN CHURCH, INC.



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

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

66024136



04222005 Chg-NP CR2E037 (10/03)

Principal Place of Business 12546 NW 7TH AVE MIAMI, FL 33168		Mailing Address 225 NW 125TH ST MIAMI, FL 33168	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  FRANCISQUE, JACSAINT 225 NW 125TH ST MIAMI, FL 33168		4. FEI Number <b>34-2003316</b>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____	
		FL	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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005** **9. Election Campaign Financing  
Trust Fund Contribution.**  **\$5.00 May Be  
Added to Fees** **Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIQUE, JACSAINT 225 NW 125TH ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETIT, DUDETTE 225 NW 125TH ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CESAR, MAJOIRE 225 NW 125TH ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALCINE, MAGALIE 225 NW 125TH ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ETIENNE, LOUISE 225 NW 125TH ST MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacsaaint Francisque*  
(Signature and Type or Print Name of Signing Officer or Director)

5/19/05 (305)685-1216  
Date Daytime Phone #