## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N04000009011 1. Entity Name 02-27-2006 90067 042 \*\*\*\*61.25 CHURCH OF JEZU SE LACHE NOUS CORPORATION Principal Place of Business Mailing Address 935-26 STREET P.O. BOX 10803 WEST PALM BEACH FL 33419 WEST PALM BEACH FL 33419 Principal Place of Business 3. Mailing Address 25 W 31 Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number 50-0006571 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOEL, DIEUDONNE Street Address (P.O. Box Number is Not Acceptable) 1021 WEST 31ST APT 4 RIVIERA BEACH FL 33404 City Zip Code 8. The above named enfly, 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 red stered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to 100 Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NOEL, DIEUDONNE NAME NAME P.O. BOX 10803 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33419 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition: TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ <u>Delete</u> Channe \_\_\_\_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TIFLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CITY-ST-ZIP

SIGNATURE: Dieudonne Nach

CITY ST-7IP

2/9/06 (561)845-2433

FILED

Feb 27, 2006 8:00 am