


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 002 ****61.25

DOCUMENT # N04000009011	
1. Entity Name CHURCH OF JEZU SE LACHE NOUS CORPORATION	

Principal Place of Business 1425 W 31 ST APT 3 RIVIERA BEACH FL 33404	Mailing Address P.O. BOX 10803 WEST PALM BEACH FL 33419
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2. Principal Place of Business - No P.O. Box # 1600 W 26 Ct Suite, Apt. #, etc.	3. Mailing Address P.O. Box 10803 Suite, Apt. #, etc.
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City & State Riviera Beach FL	City & State West Palm Beach FL
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Zip 33404	Country	Zip 33419	Country
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4. FEI Number 50-0006571	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOEL, DIEUDONNE 1021 WEST 31ST APT 4 RIVIERA BEACH FL 33404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Dieudonne Noel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/24/07</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOEL, DIEUDONNE P.O. BOX 10803 WEST PALM BEACH FL 33419 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Dieudonne Noel 4/24/07 (561)853-5212