


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90028 001 ****61.25
03-23-2006 90028 002 ****8.75

DOCUMENT # N05000004343					
1. Entity Name THE ANGEL OF THE EPHEBUS MISSIONARY INTERNATIONAL, INC.					
Principal Place of Business 3290 NW 39TH STREET LAUDERDALE LAKES, FL 33309			Mailing Address 3290 NW 39TH STREET LAUDERDALE LAKES, FL 33309		
2. Principal Place of Business P.O. BOX 8591 Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Fort Lauderdale		City & State Same			
Zip 33310		Country Florida		4. FEI Number 94-1678901	
5. Certificate of Status Desired # \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ERMILUS, CLAUDE 3290 NW 39TH STREET LAUDERDALE LAKES, FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERMILUS, CLAUDE <input type="checkbox"/> Delete 3061 NE 11TH AVE POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIL, MARIE M <input type="checkbox"/> Delete 850 NW 36 CT POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAME, YBAIN <input type="checkbox"/> Delete 3400 NW 50 AVE LAUDERDALE LAKES, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERMILUS-VERTIL, GUERDA <input type="checkbox"/> Delete 3130 NE 5TH AVE POMPANO BEACH, FL 33064		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	
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 exemptions contained 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 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: <u>Claude Ermilus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-20-2006 <small>Date Daytime Phone #</small>		