

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007557

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: EGLISE EVANGELIQUE SCHAMMA MINISTRY, INC.

**Current Principal Place of Business:**

1299 NE 27TH AVE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1034 SW 49TH TERRACE  
MARGATE, FL 33068

**New Mailing Address:**

11108 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

FEI Number: 03-0563657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHERY, EDLYNE  
1034 SW 49TH TERRACE  
MARGATE, FL 33068      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BAPTISTE, LESLY J  
Address: 11108 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP      ( ) Delete  
Name: TOUSSAINT, PAUL  
Address: 215 SW 56TH AVE., BLDG. 14, APT. 202  
City-St-Zip: MARGATE, FL 33065

Title: SD      ( ) Delete  
Name: BELOF, GARRY  
Address: 8425 FORESTHILL DR - APT 208  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T      ( ) Delete  
Name: CHERY, NICKY  
Address: 1034 SW 49TH TERR.  
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLY BAPTISTE,J

PD

08/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date