

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

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-10-2006 90102 016 ****75.00

DOCUMENT # N05000009387 1. Entity Name EGLISE EVANGELIQUE DU BON SAMARITAIN SOURCE DE L'EAU VIVE INC.					
Principal Place of Business 5411 NW 3RD AVE MIAMI FL 33127		Mailing Address 5411 NW 3RD AVE MIAMI FL 33127			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORDON, RON ESQ 335 NW 54TH ST MIAMI FL 33127				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 _____ (NOTE: Registered Agent signature required when furnishing) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D ☐ Delete CLAVEUS, JEAN R 12405 NE 4TH AVE - 12- 12300N E 4 Ave MIAMI FL 33161 #311		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete JOSEPH, JULES 520 NW 137TH ST MIAMI FL 33168		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete BAPTISTE, COLY JEAN 14410 NW 16TH AVE MIAMI FL 33167		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete BAPTISTE, ELISSAE JEAN 14410 NW 16TH AVE MIAMI FL 33167		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete WALKER, IMMACULA 14237 MEMORIAL HWY MIAMI FL 33160		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete ST. HUBERT, CARLO 245 NW 144TH ST MIAMI FL 33168		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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: Jean Raymond Claveus SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			05-1-06 Date		