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

FILED
Jun 25, 2007 8:00 am
Secretary of State

05-09-2007 90128 001 ****61.25
05-09-2007 90128 002 *****5.00
05-09-2007 90128 003 *****8.75

DOCUMENT # N05000009387

1. Entity Name

EGLISE EVANGELIQUE DU BON SAMARITAIN SOURCE DE L'EAU VIVE INC.

Principal Place of Business	Mailing Address
5411 NW 3RD AVE MIAMI FL 33127	5411 NW 3RD AVE MIAMI FL 33127

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5411 N.W 3rd Ave	5411 N.W 3rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mia Fl	City & State: Mia Fl
Zip: 33127 Country: U	Zip: 33127 Country:

4. FEI Number: 51-0587949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORDON, RON ESQ 335 NW 54TH ST MIAMI FL 33127	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 CLAVEUS, JEAN R 12300 NE 4TH AVE #211 MIAMI FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, JULES 520 NW 137TH ST MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAPTISTE, COLY JEAN 14410 NW 16TH AVE MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAPTISTE, ELISSAE JEAN 14410 NW 16TH AVE MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, IMMACULA 920 NE 199 ST APT 211 MIAMI FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST. HUBERT, CARLO 245 NW 144TH ST MIAMI FL 33168	☐ Delete	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 06-08-07 305-893-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #