

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

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90113 042 \*\*\*\*75.00

DOCUMENT # N06000001853

1. Entity Name

PREMIERE EGLISE DE DIEU L'ARCHE DE LA  
DELIVERANCE, INC.



Principal Place of Business

147 NW 71 ST.  
MIAMI FL 33150

Mailing Address

9701 OHIO PLACE  
BOCA RATON FL 33434  
2770 NW 209 Terrace  
Miami Garden FL 33056



2. Principal Place of Business - No P.O. Box, #

147 NW 71st Street

3. Mailing Address

2770 NW 209 ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Garden FL 33056

1st MOORE

CR2E037 (10/06)

City & State

MIAMI FLORIDA

City & State

Miami G FLORIDA

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33150

Country

Zip

33056

Country

USA

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

MERE, ABRIEL PASTOR

9701 OHIO PLACE

BOCA RATON FL 33434

2770 NW 209 Terrace

Miami Garden FL 33056

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

*Abriel Mere*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-25-2007

DATE

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

TITLE DP ☐ Delete  
NAME MERE, ABRIEL  
STREET ADDRESS 9701 OHIO PL  
CITY - ST - ZIP BOCA RATON FL 33434

TITLE DV ☐ Delete  
NAME CETOUTE, DESIMEME  
STREET ADDRESS 300 NW 82 TERR  
CITY - ST - ZIP MIAMI FL 33150

TITLE DS ☒ Delete  
NAME JEANNIS, ORITA  
STREET ADDRESS 9701 OHIO PL  
CITY - ST - ZIP BOCA RATON FL 33434

TITLE DT ☐ Delete  
NAME PAUL, DELUS  
STREET ADDRESS 1961 NE 157TH ST.  
CITY - ST - ZIP N. MIAMI BCH. FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☐ Addition  
NAME MERE ABRIEL  
STREET ADDRESS 2770 NW 209 terrace  
CITY - ST - ZIP MIAMI Garden Florida 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DS ☒ Change ☐ Addition  
NAME ALEXANDRE Yolande  
STREET ADDRESS 13200 N.E 7th AVENUE apt 107  
CITY - ST - ZIP North Miami Florida 33161

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Abriel Mere*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-2007 786-4196275

Date Daytime Phone #