


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90011 020 ****70.00

DOCUMENT # N06000005077 1. Entity Name REHOBOTH EVANGELICAL CHURCH, INC.					
Principal Place of Business 11400 N.W. 12TH AVE MIAMI, FL 33168			Mailing Address 15604 N.E. 12TH AVE. N. MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box # 675 NW 144 ST		3. Mailing Address 15604 NE 12 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State North Miami Beach		4. FEI Number 71-1004122	
Zip 33168		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEAN-LOUIS, JEAN 15604 N.E. 12TH AVENUE MIAMI, FL 33162		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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN-LOUIS, JEAN 15604 N.E. 12TH AVE MIAMI, FL 33162 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUGUSTE, FERDINAND 1220 N.W. 120TH ST. MIAMI, FL 33168 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROCHER, HENRY 13925 N.E. 6TH AVE., APT. 4 MIAMI, FL 33161 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JULES, JOSEPH 3321 N.W. 174TH ST. MIAMI GARDENS, FL 33056 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR QUOQUILLON, STANLEY 1240 SESAME ST., APT. 4 OPA LOCKA, FL 33054 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
VP FLEURME MARIE L. 430 NE 147 TERR MIAMI FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/07/08 Daytime Phone # _____					