

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009066

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: CLOTAIRE MINISTRIES INC.

**Current Principal Place of Business:**

6738 2ND STREET  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1574  
JUPITER, FL 33468

**New Mailing Address:**

FEI Number: 20-5377975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLOTAIRE, RAYNALD  
6738 2ND STREET  
JUPITER, FL 33458 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: DP ( ) Delete  
Name: CLOTAIRE, RAYNALD  
Address: 6738 2ND STREET  
City-St-Zip: JUPITER, FL 33458

Title: DS ( ) Delete  
Name: PIERRE-RUBEN, GLEZIL  
Address: 4289 LILAC STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT ( ) Delete  
Name: MONDESIR, ENOCK  
Address: 814 CYPRESS DR APT 4  
City-St-Zip: WEST PALM BEACH, FL 33403

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYNALD CLOTAIRE

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04/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date