2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010094

Title:

Name:

Address:

City-St-Zip:

Intity Name: EGLISE CHRETIENINE SAMARIE II

FILED Aug 28, 2008 Secretary of State

Entity Nan	ne: EGLISE CHRETIENNE SAMARIE, INC) .		
Current Principal Place of Business:		New Principal P	Place of Business:	
93 NW 166 N. MIAMI, F				
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
93 NW 166 N. MIAMI, F				
	26-1270945 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did of Address of Current Registered Agent:	•	() Certificate of Status Desired () ess of New Registered Agent:	
ALEXIS, RO 410 NE 160 MIAMI, FL) TERRACE			
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete ALEXIS, RODIN 140 NE 160 TERR MIAMI, FL 33162	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () Delete ST. FLEUR, CARSEL 165 NE 128 TER MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete JEAN, MAGGIE 93 NW 166 ST. N. MIAMI, FL 33167	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete EUGENE, YOLENE 335 NW 187 ST. MIAMI, FL 33169	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MAGGIE JEAN DS 08/28/2008

() Delete

LOUIS, MYRÎEL J.

N. MIAMI, FL 33167

93 NW 166 ST.

() Change () Addition