

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010094

FILED
Apr 30, 2009
Secretary of State

Entity Name: EGLISE CHRETIENNE SAMARIE, INC.

Current Principal Place of Business:

93 NW 166 ST.
N. MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

93 NW 166 ST.
N. MIAMI, FL 33167

New Mailing Address:

FEI Number: 26-1270945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXIS, RODIN
410 NE 160 TERRACE
MIAMI, FL 33304 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: ALEXIS, RODIN
Address: 140 NE 160 TERR
City-St-Zip: MIAMI, FL 33162

Title: DV () Delete
Name: ST. FLEUR, CARSEL
Address: 165 NE 128 TER
City-St-Zip: MIAMI, FL 33161

Title: DS () Delete
Name: JEAN, MAGGIE
Address: 93 NW 166 ST.
City-St-Zip: N. MIAMI, FL 33167

Title: DT () Delete
Name: EUGENE, YOLENE
Address: 335 NW 187 ST.
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: LOUIS, MYRIEL J.
Address: 93 NW 166 ST.
City-St-Zip: N. MIAMI, FL 33167

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:

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 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: ALEXIS RODIN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date