

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012025

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SUPPORTS DE L'ACTIONS CHRETIENNES, JEHOVAH SCHAMMA, INC.

**Current Principal Place of Business:**

140 NW 121 STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

140 NW 121 STREET  
MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 45-0548476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. FLEUR, ELSIE  
140 NW 121 STREET  
MIAMI, FL 33168 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  
Name: MARC, CELANT  
Address: 140 NW 121 STREET  
City-St-Zip: MIAMI, FL 33168

Title: T  
Name: ROLAND, PIERRE PAUL  
Address: 140 NW 121 STREET  
City-St-Zip: MIAMI, FL 33168

Title: T  
Name: ROSELINE, CINE  
Address: 140 NW 121 STREET  
City-St-Zip: MIAMI, FL 33168

Title: DS  
Name: ST. FLEUR, ELSIE  
Address: 140 NW 121 STREET  
City-St-Zip: MIAMI, FL 33168

Title: D  
Name: CASIMIR, EDNER  
Address: 140 NW 121 STREET  
City-St-Zip: MIAMI, FL 33168

Title: VP  
Name: OLICIANNE, FRANCOIS  
Address: 140 N.W. 121 STREET  
City-St-Zip: MIAMI, FL 33168

I hereby 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 all other like empowered.

SIGNATURE: ELSIE ST. FLEUR

BD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date