

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 AM 8:26

DOCUMENT # N18142

1. Entity Name  
EPHPHATHA CHURCH, INC.



Principal Place of Business

5800 NW 2ND AVE  
MIAMI, FL 33127 US

Mailing Address

P.O. BOX #380982  
MIAMI, FL 33238



03142006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2779640

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAUL, JOSEPH SAMUEL  
271 NW 148 STREET  
MIAMI, FL 33168

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE STD  
NAME ANTOINE, MARIE  
STREET ADDRESS 68 NW 47TH ST  
CITY-ST-ZIP MIAMI, FL

TITLE VD  
NAME ST. FLEUR, SUCCES  
STREET ADDRESS 1410 N.W. 115TH AVENUE  
CITY-ST-ZIP MIAMI, FL

TITLE PD  
NAME PAUL, JOSEPH S  
STREET ADDRESS 271 NW 148 STREET  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300069970699  
04/10/06--01020--010 \*\*\$9.90

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL, Joseph S. P/D

Date

3/31/06

3/31/06