


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2779640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 Joseph S. Paul Joseph Samuel Paul 03/10/08  
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, 2008**

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	MAIMI, FL
TITLE	PD
NAME	PAUL, JOSEPH S
STREET ADDRESS	271 NW 148 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	OFF
NAME	GOUDETTE, JEANNE M OFF
STREET ADDRESS	20406 NW 8TH CT
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000855681  
 03/27/08-80061-003 75.00

**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: Joseph S. Paul Joseph Samuel Paul 03/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #