

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26636

FILED
Apr 24, 2005
Secretary of State

Entity Name: LA RESPECTABLE LOGE "LE ROCHER D'HOREB" INC.

Current Principal Place of Business:

POST OFFICE BOX 1712
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1712
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0371900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEUDONNE, LOUICIN
1121 SW 87TH TERRACE
PEMBROKE PINES, FL 33025 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: PD () Delete
Name: GAY, ESTERN
Address: 110 NE 129TH ST
City-St-Zip: MIAMI, FL 33161

Title: SD () Delete
Name: DORCE, FRESNEL
Address: 3051 NW 185TH TER
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: JOSEPH, INAVY,
Address: 1321 NE 158TH ST
City-St-Zip: NORTH MIAMI, FL 33162

Title: D () Delete
Name: CHARLES, MC-ORLAN P
Address: 4014 LAKESIDE DR
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: DEGLACE, SERAH
Address: 165 NE 70TH ST
City-St-Zip: MIAMI, FL 33138

Title: V () Delete
Name: PETIT-PHAR, KEVIN,
Address: 14850 NW S. RIVER DR
City-St-Zip: 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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EASTERN GAY

PD

04/24/2005

Electronic Signature of Signing Officer or Director

Date