

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90028 012 \*\*\*\*\*70.00

**DOCUMENT # N44335**

1. Entity Name

HOSPITAL JESUS IS THE ROCK AND DEVELOPMENT  
CENTER, INC.



Principal Place of Business

14829 N.W. 7TH AVENUE  
MIAMI FL 33150

Mailing Address

14829 N.W. 7TH AVENUE  
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0291910

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**54061789**



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

CHERFILS, FELERE  
15781 NE 14 CT  
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name Rev. Emmanuel Raymond  
Street Address (P.O. Box Number is Not Acceptable)  
15123 NW 7 Court  
Pembroke Pines  
City FL Zip Code 33028

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

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHERFILS, FELERE 15781 N.E. 14 CT. N. MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHERENFANT, MIMOSE 4103 N.W. 78TH WAY CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETIT-FRERE, DENISE 1578 N.E. 14 COURT N. MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOMY, MYRLENE 445 NE 113TH STREET MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VERTILLIE FERDINAND</u> <u>14829 NW 7 AVENUE</u> <u>MIAMI, FL 33168</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

Rev. Emmanuel Raymond 7/9/04 954-483-8933