

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000003062

1. Entity Name  
EGLISE DE DIEU EVANGELIQUE CHURCH OF GOD, INC.



Principal Place of Business  
12800 N.E. 6TH AVE.  
NORTH MIAMI, FL 33161

Mailing Address  
12800 N.E. 6TH AVE.  
NORTH MIAMI, FL 33161



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

THOMAS, MARIE J  
12800 NE 6 AVENUE  
NORTH MIAMI, FL 33161

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RAPHAEL, SIMON PASTOR  
STREET ADDRESS 121 NE 110TH ST.  
CITY-ST-ZIP MIAMI, FL 33161

TITLE VD  
NAME SIMON, MIREILLE  
STREET ADDRESS 12 NE 157TH ST  
CITY-ST-ZIP MIAMI, FL 33161

TITLE VD  
NAME VIL, GLADYS  
STREET ADDRESS 851 NE 158TH STREET  
CITY-ST-ZIP MIAMI, FL 33161

TITLE TD  
NAME PETIT-FRERE, JEAN  
STREET ADDRESS 729 NW 145TH STREET  
CITY-ST-ZIP MIAMI, FL 33168

TITLE ATD  
NAME PIERRE, ALOURDES  
STREET ADDRESS 1258 NE 112TH STREET  
CITY-ST-ZIP MIAMI, FL 33161

TITLE SD  
NAME THOMAS, MARIE J  
STREET ADDRESS 470 NE 103RD STREET  
CITY-ST-ZIP MIAMI, FL 33161

1100000213499  
02/03/05-80074-003 70.00

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IN THIS SPACE**

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 TITLE OF PRINCIPAL OFFICER OR DIRECTOR

Date

Daytime Phone

305-892-2828