


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003343**

1. Entity Name  
 MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE, INC.



Principal Place of Business      Mailing Address

8840 SW 21 ST      PO BOX 1544  
 MIRAMAR, FL 33025 US      MIAMI, FL 33238 US

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01042006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 65-0426776      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
 343 ALMERIA AVE  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PO BRUNACHE, JACQUES A REV 8840 SW 21 ST MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUNACHE, MARIE M 8840 SW 21 ST MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCIEN, JACQUES 13700 NE AVE, #313 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORNES, CARMEN 550 SW 115TH AVE, #E-1 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONGERARD, PIERRE I REV 13800 NE 6TH AVE. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GABRIEL, JEAN W 19281 SW 378 TERR. MIAMI, FL

U00000409845  
 02/09/06-80012-022 61.25

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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 recipient of a 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 employed.

**SIGNATURE:** *Jacques Brunache*      **1-25-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #