


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

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90207 045 \*\*\*\*70.00

<b>DOCUMENT # N93000003343</b>					
1. Entity Name MISSION EVANGELIQUE LA FOI APOSTOLIQUE JACQUES BRUNACHE MINISTRIES SERVICES, INC.					
Principal Place of Business 8840 SW 21 ST MIRAMAR, FL 33025 US			Mailing Address PO BOX 1544 MIAMI, FL 33238 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0426776	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI, FL 33145			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNACHE, JACQUES A REV		NAME		
STREET ADDRESS	8840 SW 21 ST		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNACHE, MARIE M		NAME		
STREET ADDRESS	8840 SW 21 ST		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIEN, JACQUES		NAME		
STREET ADDRESS	13700 NE AVE, #313		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNES, CARMEN		NAME		
STREET ADDRESS	550 SW 115TH AVE, #E-1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VPMD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALMODLINE, BRUNACHE		NAME	MORALES JULIA	
STREET ADDRESS	884 SW 21 ST		STREET ADDRESS	10661 SW 108 AVE # 3 G	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	MIAMI FL 33176	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, JEAN W		NAME	HERNANDEZ HILDA	
STREET ADDRESS	19281 SW 376 TERR.		STREET ADDRESS	550 SW 115 AVE #E.1.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI FL 33174.	
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: <i>Jacques Brunache</i>			JACQUES BRUNACHE 4-28-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		