


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

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-27-2005 90001 037 \*\*\*\*61.25

**DOCUMENT # N94000003801**

1. Entity Name  
**EGLISE EVANGELIQUE DES PELERINS, INC.**



Principal Place of Business  
**1293 N.W. 119 ST  
 N MIAMI, FL 33167**

Mailing Address  
**P.O. BOX 680507  
 MIAMI, FL 33168**

**50053715**



06202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
**1293 N.W. 119 ST**  
 Suite, Apt. #, etc.  
**N. MIAMI, FL**  
 City & State  
**Florida**

3. Mailing Address  
**P.O. BOX**  
 Suite, Apt. #, etc.  
**680507**  
 City & State  
**MIAMI FL**  
 Zip  
**33167** Country  
**Dade**

4. FEI Number  
**65-0537279**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PASTEURIN, JAMES N' REV**  
**401 NW 152 ST.**  
**BISCAYNE GARDENS, FL 33169**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PASTEURIN, JAMES N REV 401 N.W. 152 ST BISCAYNE GARDENS, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PASTEURIN, MARIE N 401 NW 152 ST. BISCAYNE GARDENS, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASTEURIN, ROSALIE 1271 N.W. 119 ST. NORTH MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS BREVIL, CHRISTELA 2920 SERDENBERRY AVE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FORTUNA, MICHAEL PO BOX 2787 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FORGES, ALEXANDRE JEAN 11744 22 CT MIAMI, FL 33167 <input type="checkbox"/> Delete	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, 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:** *James N. Pasteurin* **06/24/05 (786) 897-4173**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #