

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-15-2006 90035 015 ****61.25

DOCUMENT # N94000003801

1. Entity Name

EGLISE EVANGELIQUE DES PELERINS, INC.



Principal Place of Business

1293 NW 119 ST
N MIAMI FL 33167

Mailing Address

P.O. BOX 680507
MIAMI FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

66003687

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0537279

Applied For

Not Applicable

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

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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	DPT	TITLE	
NAME	PASTEURIN, JAMES N REV	NAME	
STREET ADDRESS	401 N.W. 152 ST	STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33169	CITY-ST-ZIP	
TITLE	DVS	TITLE	
NAME	PASTEURIN, MARIE N	NAME	
STREET ADDRESS	401 NW 152 ST.	STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE GARDENS FL 33169	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	PASTEURIN, ROSALIE	NAME	
STREET ADDRESS	1271 N.W. 119 ST.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33167	CITY-ST-ZIP	
TITLE	AVS	TITLE	
NAME	BREVIL, CHRISTELA	NAME	
STREET ADDRESS	2920 SERDENBERRY AVE	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	M	TITLE	
NAME	FORTUNA, MICHAEL	NAME	
STREET ADDRESS	PO BOX 2787	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	
TITLE	M	TITLE	
NAME	FORGES, ALEXANDRE JEAN	NAME	
STREET ADDRESS	11744 22 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James N. Pasteurin 02/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



ATTACHMENT

66003687

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

EGLISE EVANGELIQUE DES PELERINS, INC.
P.O. BOX 680507
MIAMI, FL 33168

Subject: EGLISE EVANGELIQUE DES PELERINS, INC.

Reference Number: N94000003801

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION