
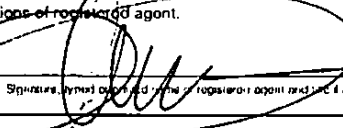
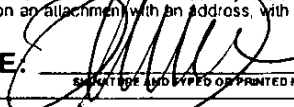


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-13-2007 90008 031 ***125.00

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0537279	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 		DATE 01/15/07			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREVIL, CHRISTELA		NAME		
STREET ADDRESS	2920 SERDENBERRY AVE		STREET ADDRESS		
CITY - ST - ZIP	KEY WEST FL 33040		CITY - ST - ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORGES, ALEXANDRE JEAN		NAME		
STREET ADDRESS	11744 22 CT		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33167		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 trustee 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 		NAME JAMES N. PASTEURIN		DATE 03/01/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Continue Page #	