2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

13651 S BISCAYNE RIVER DR MIAMI FL 33161

DOCUMENT # N95000005006

1 - Entity Name

Principal Place of Business

11303 NE 13TH AVENUE MIAMI FL 33161

2. Principal Place of Business

Suite, Apt. #, etc.

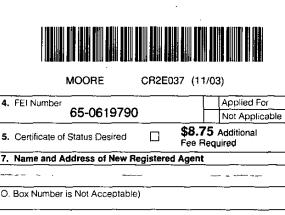
City & State

EL SHADDAI PRESBYTERIAN CHURCH, INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91031 038 ****61.25



Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST. GERMAIN, JEAN DONY 13651 S. BISCAYNE RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33161** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Addition TITLE ☐ Delete TITLE ST GERMAN, JEAN D REV NAME NAME ST.GERMAIN LOUIS ERNEST 13651 S BISCAYNE RIVER DR 136515. BISCAYNE RIVER DR MIAMI EL 33161 STREET ADDRESS STREET ADDRESS MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition JOSEPH, JUGNACE NAME NAME 14060 BISCAYNE BLVD, APT 70S STREET ADDRESS STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition BELHOMME, ANDRE NAME NAME 1520 NW 125 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33167 CITY-ST-ZIP [7] Change ☐ Addition TITLE TITLE □ Delete JEAN-BAPTISTE, FERNAND NAME NAME 1250 NW 125 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TIT! F ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP

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 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:

OSEPH JUGNACE 04-26-00