

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005006**

**1. Entity Name**  
**EL SHADDAI PRESBYTERIAN CHURCH, INC.**



**Principal Place of Business**  
**11303 NE 13TH AVENUE**  
**MIAMI, FL 33161**

**Mailing Address**  
**13651 S BISCAYNE RIVER DR**  
**MIAMI, FL 33161**



**04262007 No Chg-NP CR2E037 (4/06)**

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>65-0619790</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ST. GERMAIN, JEAN DONY**  
**13651 S. BISCAYNE RIVER DRIVE**  
**MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

**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 signature required when renewing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>ST GERMAN, JEAN D REV</b> <b>13651 S BISCAYNE RIVER DR</b> <b>MIAMI, FL 33161</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>JOSEPH, JUGNACE</b> <b>14060 BISCAYNE BLVD, APT 70S</b> <b>MIAMI, FL 33161</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LOUIS ERNEST, ST. GERMAIN</b> <b>13651 S BISCAYNE RIVER DRIVE</b> <b>MIAMI, FL 33161</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>JEAN-BAPTISTE, FERNAND</b> <b>1250 NW 125 ST</b> <b>MIAMI, FL 33167</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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05/17/07-80004-006 70.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07