FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000007081 (9) DOCUMENT #

FILED May 19 1998 8:00am Secretary of State

CHURCH DU BON SAMARITAIN, INC.										
Principal Place of Business Mailing Address							1 1001110		***************************************	
1251 S.W. 11 AVENUE DEERFIELD BEACH FL 33441 1251 S.W. 11 AVENUE DEERFIELD BEACH FL 33441						L	3. Date Incorporated or Qualified 12/22/1997			
2. Principal Place of Business 2a. Mailing Address							<u> </u>	aton N	opplied For lot Applicable Additional	
21		26					Certificate of Status Desired		Required	
			e, Apt. #, etc.				6. Election Campaign Financing	_ \$5.00		
27								Added t		
City & State	.	City & State	├				7. Is this nonprofit corporation a homeowners association?			
23 Zip	Country Zip			Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30				Personal Property Tex due June 30. Yes No			
=71	9. Name and Address of Currer					1	0. Name and Address of New Regis	tered Agent		
				81	Name					
Paul, Jean Claude 1251 S.W. 11 Avenue				82 Street Addre			(P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33441				83						
				84	City			FL	Code	
11. Pursuant t office or re agent. I as	o the provisions of Sections 617.050 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 617.1508, Florida of Florida. Such change ations of, Section 617.05	Statutes, the a was authorize 03, Florida Sta	bove d by tutes	-named the corp	corpora poration	ition submits this statement for the purple s board of directors. I hereby accept the	cose of changing he appointment as	its registered s registered	
SIGNATURE										
	Signature, typed or printed name of registered ag-	ent and title if applicable. ID DIRECTORS	(NOTE: Registere	d Age	nt signature	required w	then reinstating) ADDITIONS/CHANGES TO OFFICER	DATE S AND DIRECTO	RS IN 12	
12.	DIFFICENS AIN	DELE		TLE		Γ.	ADDITIONAL TO STATE	☐ Change	Addition	
NAME	PAUL, JEAN CLAUDE			1.2 NAME						
STREET ADDRESS	AGEA CONTRIVIECT ELEVENTU AVENUE			1.3 STREET ADDRESS					}	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			1.4 CITY - ST - ZIP						
TITLE	D DELETE			2.1 TITLE				Change	☐ Addition <	
NAME	DESIRE, IVOSE			2.2 NAME						
STREET ADDRESS	s 1251 SOUTHWEST 11TH AVENUE			2.3 STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			2.4 CITY-ST-ZIP		ļ <u> </u>				
TITLE	DELETE		TE 3.1 T	3.1 TITLE				☐ Change	Addition	
NAME	LORISTON, MEMI		3.2 N	. 3.2 NAME						
STREET ADDRESS	1251 S.W. ELEVENTH AVE.		3.3 S	3.3 STREET ADDRESS					+	
CITY-ST-ZIP				T-ZIP			T Observe	Addition		
TITLE				.1 TITLE			* The second	☐ Change	☐ Addition	
NAME			4.21						Ì	
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			the second of th			
CITY-ST-ZIP	0€LETE 5.11			1-ZIP	!		Change	Addition		
TITLE		OELC	5.1 II			1				
NAME OTOTET ADDRESS					ADDRESS					
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP TITLE		☐ DELE			I - CIF	 		☐ Change	☐ Addition	
NAME			6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-S						
14. I hereby o	ertify that the information supplied v	vith this filing does not a				ed in Sec	ction 119.07(3)(i), Florida Statutes. I fur	ther certify that th	e information	

indicated on this annual report or supplied with this limit does not qualify in the exemption stated in Section 119.07(3)(). Florida Statutes: Turner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 12 or Block 13 if changed, or on an attachment with an address.