


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

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000007115 1. Entity Name EGLISE DE DIEU LE SUR REFUGE, INC.		
Principal Place of Business 13735 N.W. 4TH COURT MIAMI FL 33168		Mailing Address 13735 N.W. 4TH COURT MIAMI FL 33168
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
6. Name and Address of Current Registered Agent DESIR, PIERRE L REV 13735 N.W. 4TH COURT MIAMI FL 33168		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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 <input type="checkbox"/> Delete D NAME DESIR, PIERRE L REV STREET ADDRESS 13735 N.W. 4TH COURT CITY-STATE-ZIP MIAMI FL 33168	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-STATE-ZIP	U00000566370 05/30/06-80007-006 61.25
TITLE <input type="checkbox"/> Delete T NAME SEJOUR, HERNO STREET ADDRESS 1019 NW 85 STREET CITY-STATE-ZIP MIAMI FL 33147	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete T NAME DESIR, ROSENETTE STREET ADDRESS 13735 N.W. 4TH COURT CITY-STATE-ZIP MIAMI FL 33168	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-STATE-ZIP	
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1st MOORE CR2E037 (10/05)

4. FEI Number **65-0955299** Applied For Not Applicable

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

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 *Pierre L Desir*