

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90026 042 ****75.00

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1. Entity Name
CHRISTIAN CHURCH OF THE REGENERATION, INC.



Principal Place of Business
**720 NW 4 STREET
FORT LAUDERDALE, FL 33311**

Mailing Address
**PO BOX 259
FORT LAUDERDALE, FL 33302**



02112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEAN-LOUIS, ALPHONSE
2417 N.W. 9TH AVENUE
#B-5
FORT LAUDERDALE, FL 33311
3341 NW 47th Ter. #1 Apt 103 Lauderdale, Lakes FL 33319

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN-LOUIS, ALPHONSE 2417 NW 9TH AVENUE, #B-5 FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUGUSTIN, JEAN A 6220 NW 15TH STREET SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMILE, ETIENNE 581 NE 33 STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES, LAUORE 2979 N DIXIE HWY 632 FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULCIO, NEVIL 2273 NW 34 AVENUE COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WSLY, JOSEPER 3341 NW 47TH TER #116 NORTH LAUD LAKES, FL 33338

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IN THIS SPACE**

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: *Alphonse Jean Louis Alphonse Jean Louis* **2/22/07** *954 2742907*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #