2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N99000003447

Entity Name: CHURCH OF THE BRIDE OF JESUS CHRIST, INC

Current Principal Place of Business:

770 SOUTH MILITARY TRAIL
#H
WEST PALM BEACH, FL 33415

New Principal Place of Business:

5047 SUMMIT BLVD
WEST PALM BEACH, FL 33417

Current Mailing Address:

5908 ITHACA CIRC WEST
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 31-1671144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARCISSE, JEANNEHE
5201 #B WALLIS RD.
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

THEODORE, NOE
5908 ITHACA CIR W
LAKEWORTH, FL 33463 US

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.

SIGNATURE: NOETHEODORE 04/30/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: NOE, THEODORE
Address: 5908 ITHACA CIRC W
City-St-Zip: LAKEWORTH, FL 33463

Title: V/P ( ) Delete
Name: THEODORE, ILOMANE J
Address: 5908 ITHACACRC W.
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete
Name: ST-JOAS, YVES
Address: 5989 QUAIL DR APT#4
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S/D ( ) Delete
Name: NARASSE, JEANNETTE
Address: 5201 #B WALLIS RD.
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete
Name: ORIENTAL, ATUS
Address: 6584 N PRIMIUM
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: THEODORE, ILOMANE J
Address: 5908 ITHACA CIR W
City-St-Zip: LAKEWORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOE THEODORE P 04/30/2006
Electronic Signature of Signing Officer or Director — Date