## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000003447

TI FILED
Sep 08, 2007
Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 5047 SUMMIT BLVD WEST PALM BEACH, FL 33417 **Current Mailing Address: New Mailing Address:** 15259 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470 FEI Number: 31-1671144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THEODORE, NOE 15259 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition NOE. THEODORE MADEUS, ELIE Name: Name: 15259 OKEECHOBEE BLVD Address: 15259 OKEECHOBEE BLVD Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE, FL 33470 Title: V/D Title: ( ) Delete () Change () Addition THEODORE, ILOMANE J Name: Name: Address: 5908 ITHACACRC W. Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition ST-JOAS, YVES Name: Name: 5989 QUAIL DR APT#4 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: S/D ( ) Delete Title: () Change () Addition Name: NARASSE, JEANNETTE Name: Address: 5201 #B WALLIS RD. Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ORIENTAL, ATUS Name: Name: 6584 N PRIMIUM Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: ( ) Delete Title: () Change () Addition THEODORE, ILOMANE J Name: Name: Address: 5908 ITHACA CIR W Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: THEODORE NOE VP 09/08/2007

LAKEWORTH, FL 33463

City-St-Zip: