


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90197 010 ****61.25

DOCUMENT # N99000005531					
1. Entity Name EGLISE EVANGELIQUE DE L' ALLIANCE OF WEST PALM BEACH, INC.					
Principal Place of Business 509 21ST WEST PALM BEACH, FL 33401			Mailing Address P.O. BOX 807 LOXAHATCHEE, FL 33470		
2. Principal Place of Business 509 21st street Suite, Apt. #, etc.			3. Mailing Address P.O. Box 807 Loxahatchee FL 33470 Suite, Apt. #, etc.		
City & State West Palm Beach FL		City & State		4. FEI Number 65-0181969	
Zip 33407		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DACEUS, MARIE R 14578 74TH STREET NORTH LOXAHATCHEE, FL 33470				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 <u>MARIE R. DACEUS (President)</u> <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 D NAME DACEUS, MARIE R PRES STREET ADDRESS 14578 74 STREET NORTH CITY - ST - ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete				
TITLE D NAME MERISIER, ELICON SECRETA STREET ADDRESS 1910 DOE RD. CITY - ST - ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete				
TITLE D NAME BERGER, HELENE TREASUR STREET ADDRESS 2528 10TH AVENUE NORTH APT 10P CITY - ST - ZIP LAKE WORTH, FL 33461	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>MARIE R. DACEUS (President)</u> <u>4/23/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>	