

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007320

**FILED**  
**Aug 26, 2004**  
**Secretary of State****Entity Name:** CHURCH OF JESUS-CHRIST AND CADJE MINISTRIES, INC.**Current Principal Place of Business:**2826 BRAODWAY  
207  
WEST PALM BEACH, FL 33404**New Principal Place of Business:****Current Mailing Address:**P OB OX 32775  
PALM BEACH GARDES, FL 33420**New Mailing Address:****FEI Number:** 65-0990557**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MAURIVAL, ORPHA  
9335 OLD DIXIE HWY.  
LAKE PARK, FL 33403 US**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: MAURIVAL, ORPHA  
Address: 4135 TANGLEWOOD NORTH, #455  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D ( ) Delete  
Name: LAJEUNESSE, BRUNER  
Address: 719 EXECUTIVE CENTER DR APT 311E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD ( ) Delete  
Name: MAURIVAL, VITEY  
Address: 1540 LAKE CRYSTAL DR APT G  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: JENA, CHRISTOPHE  
Address: 9271 APPLECREST DR.  
City-St-Zip: P.G.A., FL 33410

Title: V ( ) Delete  
Name: MATHURIN, JEAN ROBERT  
Address: 3101 BROADWAY #11  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MD ( ) Delete  
Name: MAURIVAL, GELINE  
Address: 9335 OLD DIXIE HWY  
City-St-Zip: LAKE PARK, FL 33403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: FILS AIME JOSEPH, DASMA  
Address: 2100 N AUSTRALIAN APT S304  
City-St-Zip: WEST PALM BEACH, FL 33407

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 Section 119.07(3)(i), 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: MAURIVAL ORPHA

PD

08/26/2004

Electronic Signature of Signing Officer or Director

Date