

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007320

FILED
May 31, 2006
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAURIVAL, ORPHA
4225 45TH STREET .
LOT # I-13
WEST PALM BEACH, FL 33407 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:

Title: PD () Delete
Name: MAURIVAL, ORPHA
Address: 4225 45TH STREET LOT # I-13
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: DASMA, FILS AIME J
Address: 2100 N AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: JENA, CHRISTOPHE
Address: 9271 APPLECREST DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: MAURIVAL, GELINE
Address: 4225 45TH STREET LOT # I-13
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: NANCIOUS, SIMONAIRE
Address: 211 SW 5TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: LIPSON, EDMOND
Address: 411 SW 9TH COURT
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAURIVAL, ORPHA
Address: 4812 VICTORIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: D (X) Change () Addition
Name: LAJEUNESSE, BRUNEL
Address: PO BOX 19692
City-St-Zip: WEST PALM BEACH, FL 33416

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: ORPHA MAURIVAL

PD

05/31/2006

Electronic Signature of Signing Officer or Director

Date