

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007320

FILED  
Jul 07, 2008  
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: 4812 VICTORIA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

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: LAJEUNESSE, BRUNEL  
Address: PO BOX 19692  
City-St-Zip: WEST PALM BEACH, FL 33416

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: ( ) 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 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

P

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date