2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # N03000000655 1. Entity Name 03-23-2005 90232 001 ****61.00 EL BETHEL ALLIANCE CHURCH OF KISSIMEE, INC. 03-23-2005 90232 002 *****9.00 Principal Place of Business Mailing Address 155 HONYWOOD DR KISSIMEE FL 34743 155 HONYWOOD DR 66007164 KISSIMEE FL 34743 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number 65-12196-97ED FOR City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ST. JUSTE, JEAN FRANCOIS W REV Street Address (P.O. Box Number is Not Acceptable) 155 HONYWOOD DR KISSIMEE FL 34743 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE ☐ Delete TITLE ☐ Change Addition SAINT-JUSTE, REV FRANCOIS W NAME NAME 155 HONYWOOD DR STREET ADDRESS STREET ADDRESS KISSIMEE FL 34743 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition SAINT-JUSTE, PHOEBEE W NAME NAME 155 HONYWOOD DR STREET ADDRESS STREET ADDRESS KISSIMEE FL 34743 CITY-ST-7IP CITY-ST-7IP TD TITLE ☐ Change ☐ Delete TITLE Addition PLACIDE, JOSEPHINE NAME NAME 268 SATINWOOD CIR STREET ADDRESS STREET ADDRESS KISSIMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNING OFFICER OR DIRECTOR

FILED

3-19-05 (407)433-9490
Date Daytime Phone: