

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002935

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: EGLISE BAPTISTE HAITIENNE DE LA NOUVELLE VIE, INC.

**Current Principal Place of Business:**

2102 SE SHELTER DRIVE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2102 SE SHELTER DRIVE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 80-0082393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRIVERT, ACSERGE  
2102 SE SHELTER DRIVE  
PORT ST LUCIE, FL 34952 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: P ( ) Delete  
Name: PRIVERT, ACSERGE  
Address: 2102 SE SHELTER DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: MORTIMER, CHARILIA  
Address: 1650 BUTTERCUP AENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Delete  
Name: LARTIGUE, ISAI  
Address: POST OFFICE BOX 9554  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: MICHEL, JULIETTE  
Address: 2102 SE SHELTER DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: ELAN, FRANCIS  
Address: 654 SE TANNER AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34984

**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:

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: ACSERGE PRIVERT

P

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date