## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009622

FILED Apr 02, 2007 Secretary of State

Entity Name: EGLISE EVANGELIQUE BAPTISTE DE LA GRACE CORP.

**Current Principal Place of Business: New Principal Place of Business:** 2362 NW 95 STREET MIAMI, FL 33147 **Current Mailing Address: New Mailing Address:** 2362 NW 95 STREET MIAMI, FL 33147 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDOUARD, GEORCINVIL 725 N.E. 179 TERRACE NORTH MIAMI BEACH, FL 33162 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EDOUARD, GEORCINVIL Name: Name: Address: 2362 NW 95 STREET Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition JEAN-JACQUES, LEVOISIE Name: Name: JEAN-JACQUES, LEVOISIE Address: 2362 NW 95 STREET Address: 2362 NW 95 STREET City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33147 Title: () Delete Title: (X) Change ( ) Addition HOMICIL, SAM Name: DELUCE, FRANTZ Name: 2362 NW 95 STREET 2362 NW 95 STREET Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33147 Title: AS ( ) Delete Title: (X) Change ( ) Addition DELUCE, FRANTZ Name: Name: PIERRE, EDER 2362 NW 95 STREET Address: Address: 2362 NW 95 STREET City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33147 Title: (X) Delete Title: () Change () Addition DAUPHIN, HUBERT Name: Name: 2362 NW 95 STREET Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: (X) Delete Title: () Change () Addition PIERRE EDER Name: Name: Address: 2362 NW 95 STREET Address: MIAMI, FL 33147 City-St-Zip: 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: GEORCINVIL EDOUARD P 04/02/2007