

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


8/28/2006-90005-024-\$75.00-\$75.00

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50026641

DOCUMENT # N05000000450			
1. Entity Name FRERES-UNIS BAPTIST CHURCH INC.			
Principal Place of Business 2632 NE 3RD COURT BOYNTON BEACH, FL 33435 US		Mailing Address 2632 NE 3RD COURT BOYNTON BEACH, FL 33435 US	
2. Principal Place of Business <i>SAME as the above</i>		3. Mailing Address <i>Same as the Above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0982427</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent  JOSEPH, CHRISTIAN 2632 NE 3RD COURT BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name: <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, CHRISTIAN	NAME	
STREET ADDRESS	2632 NE 3RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. FORT, PHILOMA	NAME	
STREET ADDRESS	2632 NE 3RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	TRS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLL, THIALY	NAME	
STREET ADDRESS	2632 NE 3RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	CHMN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. FLEUR, FRANCK	NAME	
STREET ADDRESS	2632 NE 3RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERE, MARIE	NAME	
STREET ADDRESS	2632 NE 3RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAIN, ANGELINE	NAME	
STREET ADDRESS	2632 NE 3RD COURT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE <i>Joseph Christian</i>		8/14/06 (361) 364-3794	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

*J 10/4*