

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N94000001575

Entity Name: EGLISE BAPTISTE MORIJA, HOUSE OF PRAYER, INC.

**Current Principal Place of Business:**

535 NORTH WEST 97TH STREET  
MIAMI, FL 33150 US

**New Principal Place of Business:**

10 NW 85 STREET  
MIAMI, FL 33150 US

**Current Mailing Address:**

535 NORTH WEST 97TH STREET  
MIAMI, FL 33150 US

**New Mailing Address:**

FEI Number: 65-0514941      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TOUSSAINT, LOUIS F  
535 NORTH WEST 97TH STREET  
MIAMI, FL 33150 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: PD ( ) Delete  
Name: TOUSSAINT, LOUIS F  
Address: 535 NORTH WEST 97TH STREET  
City-St-Zip: MIAMI, FL 33150

Title: VPSD ( ) Delete  
Name: RAMEAU, JACQUELINE  
Address: 8420 NW 11 ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: TD ( ) Delete  
Name: DAZILLE, GERMAIN B  
Address: 855 NE 173 TERR  
City-St-Zip: MIAMI, FL 33163

**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:

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: LOUIS F TOUSSAINT

PD

04/06/2009

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

\_\_\_\_\_  
Date