


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90372 015 \*\*\*\*61.25

<b>DOCUMENT # N00000001176</b>					
1. Entity Name EGLISE BAPTISTE PENIEL OF ORLANDO, INC.					
Principal Place of Business 21 N TEXAS AVE. ORLANDO, FL - 32805			Mailing Address P O BOX 580265 ORLANDO, FL 32858-0265		
2. Principal Place of Business - No P.O. Box # <i>2620 N. orange Blvs</i>		3. Mailing Address <i>1522 Wood Violet Dr</i>			
Suite, Apt. #, etc. <i>Trail</i>		Suite, Apt. #, etc.			
City & State <i>Orlando, Fla</i>		City & State <i>Orlando Fla</i>		4. FEI Number 04112008 Chg-NP CR2E037 (12/06) 59-3706427	
Zip <i>32804</i>	Country <i>orange</i>	Zip <i>32824</i>	Country <i>orange</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent FILUS, JACKSON M 1522 WOOD VIOLET DRIVE ORLANDO, FL 32824			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code <b>FL</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	AST Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILUS, JACKSON M		NAME	Francelet Joseph	
STREET ADDRESS	1522 WOOD VIOLET DRIVE		STREET ADDRESS	1522 Wood Violet Dr Orlando, FL	
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEFFRARD, SAINTCYR		NAME		
STREET ADDRESS	1522 WOOD VIOLET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUS, MARINA		NAME		
STREET ADDRESS	69 SHIPYARD COURT		STREET ADDRESS		
CITY-ST-ZIP	OCOOE, FL 34761		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUS, NIVA		NAME		
STREET ADDRESS	6415 MOORE STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	ASTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMY, HEBILUS		NAME		
STREET ADDRESS	1522 WOOD VIOLET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD, FREDERIQUE		NAME		
STREET ADDRESS	1522 WOOD VIOLET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32824		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>Jackson Filus</i>		Date: <i>4-14-08</i> Daytime Phone #: <i>407-816-1455</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					