2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N0000003683					6, 2004 08: cretary of S		
EGLISE B	APTISTE LARCHE DE' NOE,	INC.		9	·		
Principal Place of Business Mail		Mailing Address					
		1373 NE 150TH ST. N. MIAMI FL 33161					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt #, etc.		Mo	OORE CR2EC	037 (11/03)	
City & State		City & State		4. FEI Number 6	5-1070103	<u></u> :}	pked For t Applicable
Zip	Country	Ζφ	Country	5. Certificate of St	atus Desired 💢	\$8.75 Add	fitional
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registere		
JUA	NICO, MARK T		Name				
954	5 NE 2ND AVE. MI SHORES FL 33138		Street Addres	ss (P.O. Box Number is I	voi Acceptable)		
			City		F	L Zip Code	e
the obligate	named entity submits this statement for lons of registered agent.  Signature, typed or printed name of registered agent as		egistered office of regis Registered Agent signature requ		the State of Piorida, 1 at		and accept
			palgn Financing ontribution.	\$5.00 May 8e Added to Fees	Make Che Florida Dep	ck Payable artment of S	
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND	DIRECTORS (N	10
NAME STREET ADDRESS CITY: ST- ZYP	D NORDELUS, CONSTANT 1373 NE 150TH ST. N. MIAMI FL 33161	Delete	TITLE NAME STREET ADDRESS	1 1\50	10000 <mark>0052943</mark> 16/04-80105-0	Change 15 75 ∩∩	Addition
TIBLE	D	☐ Delete	CNY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	NORDELUS, MELIROSE 1373NE150TH ST. MIAMI FL 33161	LI Descrie	NAME STREET ADDRESS CRTY+ST-ZIP			C3 Cuarde	Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOSIUS 421 NW 109TH ST. MIAMI FL 33161	☐ Delete	TRILE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CRY-ST-ZIP		☐ Delete	TITLE MANYE STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TRILE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
RITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S7-ZIP	<u> </u>		☐ Change	Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

2-11-0-4 305940 4907

**FILED**