


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 A
Secretary of State

DOCUMENT # N00000003683 1. Entity Name EGLISE BAPTISTE LARCHE DE' NOE, INC.	
---	---

Principal Place of Business 12819 W DIXIE HAY N MIAMI, FL 33161	Mailing Address 1373 NE 150TH ST. N. MIAMI, FL 33161
---	--

DO NOT WRITE IN THIS SPACE



08242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1070103	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent NORDELUS, CONSTANT 1373 NE 150TH N. MIAMI, FL 33161	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORDELUS, CONSTANT 1373 NE 150TH ST. N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORDELUS, MELIROSE 1373NE150TH ST. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOSIUS 421 NW 109TH ST. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000575400
08/28/06-80005-011 61.25

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: *x Constant Nordelet*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/06 (305) 9404907
 Date Daytime Phone #