


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90135 038 \*\*\*\*75.00

<b>DOCUMENT # N00000008233</b> 1. Entity Name <b>CANAAN EVANGELICAL BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>526 NORTHWOOD ROAD WEST PALM BEACH, FL 33407</b>			Mailing Address <b>PO BOX 8703 WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>41-2139400</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VILJEAN, VIGUER 634 39TH STREET WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>PD VILJEAN, VIGUEUR</b>	<input type="checkbox"/> Delete			
NAME	<b>638 39TH STREET</b>				
STREET ADDRESS	<b>WEST PALM BEACH, FL 33407</b>				
CITY- ST- ZIP					
TITLE	<b>TD CHERISMA, JOSEPH</b>	<input type="checkbox"/> Delete			
NAME	<b>1320 ALPHA STREET #3</b>				
STREET ADDRESS	<b>WEST PALM BEACH, FL 33401</b>				
CITY- ST- ZIP					
TITLE	<b>SD ST GERMAIN, MONCHILLE</b>	<input type="checkbox"/> Delete			
NAME	<b>643 33RD STREET</b>				
STREET ADDRESS	<b>WEST PALM BEACH, FL 33407</b>				
CITY- ST- ZIP					
TITLE	<b>D Fernande Pierre</b>	<input type="checkbox"/> Delete			
NAME	<b>152 Dorothy Drive</b>				
STREET ADDRESS	<b>West Palm Beach, FL 33415</b>				
CITY- ST- ZIP					
TITLE	<b>D Rose Michel</b>	<input type="checkbox"/> Delete			
NAME	<b>119 Mellow Drive</b>				
STREET ADDRESS	<b>West Palm Beach, FL 33411</b>				
CITY- ST- ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**4/27/04 (56) 84-7764**