
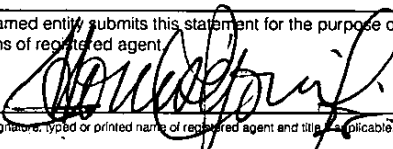
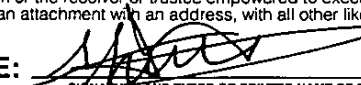


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90557 012 ****61.25

DOCUMENT # N01000001886					
1. Entity Name EGLISE EVANGELIQUE BAPTISTE "VIE ABONDANTE" INC.					
Principal Place of Business 11636 NE 2ND AVE. MIAMI, FL 33161		Mailing Address PO BOX 531191 MIAMI, FL 33153-1191			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1112150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REJOUIS, ANAN L 11636 NE 2ND AVE. MIAMI, FL 33161			Name _____ Street Address (P.O. Box Number is _____, _____) 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 			DATE <u>04/21/05</u>		
Filing Fee is \$61.25 Due by May 1, 2005			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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REJOUIS, ANAN L		NAME		
STREET ADDRESS	13150 N.W. MIAMI CT.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 331684730		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REJOUIS, EMILIE		NAME		
STREET ADDRESS	545 NW 126 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 331684730		CITY - ST - ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARZ, MICHAEL		NAME		
STREET ADDRESS	75 NE 128TH ST.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33161		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACKENZY, S.		NAME		
STREET ADDRESS	13150 N.W. MIAMI CT.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 331684730		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
SIGNATURE: 		S. MACKENZY		Date: <u>4/20/05</u> (305) 331-3320	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	