2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001886

FILED Apr 17, 2007 Secretary of State

Entity Name: EGLISE EVANGELIQUE BAPTISTE "VIE ABONDANTE" INC.

Current Principal Place of Business: New Principal Place of Business:

1511 S.E. PORTILLO RD. PORT SAINT LUCY, FL 34952

Current Mailing Address: New Mailing Address:

1511 S.E. PORTILLO RD. PORT SAINT LUCY, FL 34952

FEI Number: 65-1112150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REJOUIS, ANAN L
13150 NW MIAMI CT.
MIAMI, FL 33168 US

REJOUIS, ANAN L
1511 S.E. PORTILLO RD.
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: ANAN L. REJOUIS 04/17/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 REJOUIS, ANAN L
 Name:
 REJOUIS, ANAN L

 Address:
 13150 N.W. MIAMI CT.
 Address:
 1511 S.E. PORTILLO RD.

 City-St-Zip:
 MIAMI, FL 331684730
 City-St-Zip:
 PORT SAINT LUCIE, FL 34952

Title: T () Delete Title: T (X) Change () Addition

 Name:
 REJOUIS, EMILIE
 Name:
 REJOUIS, EMILIE

 Address:
 545 NW 126 STREET
 Address:
 1511 S.E. PORTILLO RD.

 City-St-Zip:
 MIAMI, FL 331684730
 City-St-Zip:
 PORT SAINT LUCIE, FL 34952

Title: M () Delete Title: () Change () Addition Name: SCHWARZ, MICHAEL Name:

 Name:
 SCHWARZ, MICHAEL
 Name:

 Address:
 75 NE 128TH ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 MACKENZY, S.
 Name:
 MACKENZY, S.

 Address:
 13150 N.W. MIAMI CT.
 Address:
 146 COCONUT KEY LANE

 City-St-Zip:
 MIAMI, FL 331684730
 City-St-Zip:
 DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SCHWARZ D 04/17/2007