## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N01000002178**

1. Entity Name

EGLISE BAPTISTE HAITIENNE MONT HOREB, INC.



Principal Place of Business

527 W. PINE ST ORLANDO, FL 32805 Mailing Address

3012 PIEDMONT ST ORLANDO, FL 32805

## FILED Jan 24, 2006 8:00 am Secretary of State

01-24-2006 90022 001 \*\*\*\*61.25 01-24-2006 90022 002 \*\*\*\*8.75



01122006 No Chg-NP

CR2E037 (11/05)

| 4. FEI Number                    |   |                                   | Applied For    |
|----------------------------------|---|-----------------------------------|----------------|
| 59-3632843                       |   |                                   | Not Applicable |
| 5. Certificate of Status Desired | W | \$8.75 Additional<br>Fee Required |                |

6. Name and Address of Current Registered Agent

PIERRE; BELIZAIRE————— 3012 PIEDMONT ST. ORLANDO, FL 32805

SIGNATURE:

## 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 FIFTE BOILDAIRE OLD AUCTE: Registered Agent signature required when reinstating)  DATE  |   |   |      |                                |            |  |
|--|---|---|------|--------------------------------|------------|--|
|  | Filing Fee is \$61.25<br>Due by May 1, 2006                             | Election Campaign Finant     Trust Fund Contribution. | cing | \$5.00 May Be<br>Added to Fees |            |  |
| 10.  | OFFICERS AND DIRE   | CTORS   |      |                                |            |  |
| TITLE *  NAME  STREET ADDRESS  CITY-ST-ZIP   | TD PIERRE, BELIZAIRE 3012 PIEDMONT STREET ORLANDO, FL 32805             |   |      |                                |            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SD<br>BELIZAIRE, ISRAEL<br>5125 VISTA LAGO DR<br>ORLANDO, FL 32811      | i   |      |                                |            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TP<br>LORQUET, MARIE FELICIA<br>1812 LISTONO DRIVE<br>ORLANDO, FL 32811 |   |      | DO                             | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Marie De nise A<br>2/13 orange ce<br>#C orlando                         | of 32805  |      | IN                             | THIS SPACE |  |
| TITLE  | ,   | •   |      |                                |            |  |
| NAME   |   |   |      |                                |            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   |      |                                | į          |  |
| TITLE  |   |   |      |                                |            |  |
| NAME   |   |   |      |                                |            |  |
| STREET ADDRESS   |   |   |      |                                |            |  |
| CITY-ST-ZIP  |   |   |      |                                |            |  |
| 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. |   |   |      |                                |            |  |