


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90375 009 ****75.00

DOCUMENT # N01000003286	
1. Entity Name EGLISE BAPTISTE DE BERE, INC.	

Principal Place of Business 12546 N.W. 7TH AVENUE MIAMI FL 33168	Mailing Address 1120 NW 141 ST MIAMI FL 33168
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2. Principal Place of Business 12546 N.W. 7th Ave	3. Mailing Address 1120 N.W. 141 STREET
Suite, Apt. #, etc. House	Suite, Apt. #, etc. House

1st MOORE CR2E037 (10/04)

City & State NORTH MIAMI, FL	City & State NORTH MIAMI, FL
Zip 33168	Zip 33168
Country U.S.A	Country U.S.A.

4. FEI Number 22-3856528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FILSAIME, WISNEL PASTOR 1120 N 144 ST MIAMI FL 33168	
7. Name and Address of New Registered Agent Name EGLISE EVANGELIQUE BAPTISTE DE BERE Street Address (P.O. Box Number is Not Acceptable) 12546 N.W. 7th Ave NORTH MIAMI AVE. City FL Zip Code 33168	

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 *Wissnel Fils Aime* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILS AIME, WISNEL 1120 N W 141ST STREET MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FILS AIME, MARIE LETITIA 1120 N W 141ST STREET MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELIARD, JEAN 845 N W 103RD STREET MIAMI FL 33150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAIN, PATRICK 310 N E 164TH TERRACE MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CLEOPHAR, VICTOR 17101 NE 14 AVE # 3 NORTH MIAMI FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wissnel Fils Aime* **WISNEL Fils Aime** **04-13-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #