

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003286

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: EGLISE BAPTISTE DE BEREE, INC.

## Current Principal Place of Business:

12546 N.W. 7TH AVENUE  
HOUSE  
MIAMI, FL 33168

## New Principal Place of Business:

## Current Mailing Address:

5514 PLUNKETT ST  
HOUSE  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 22-3856528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILSAIME, WISNEL PASTOR  
12546 NW 7TH AVE  
MIAMI, FL 33168      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: FILS AIME, WISNEL  
Address: 5514 PLUNKETT ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD      ( ) Delete  
Name: FILS AIME, MARIE LETITIA  
Address: 5514 PLUNKETT ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD      ( ) Delete  
Name: VOHAIRE, JEAN  
Address: 12630 NE 1 CT  
City-St-Zip: N MIAMI, FL 33161

Title: D      ( ) Delete  
Name: GERMAIN, PATRICK  
Address: 310 N E 164TH TERRACE  
City-St-Zip: MIAMI, FL 33168

Title: ATD      ( ) Delete  
Name: CLEOPHAR, VICTOR  
Address: 17101 NE 14 AVE # 3 NORTH  
City-St-Zip: MIAMI, FL 33162

Title: D      ( ) Delete  
Name: VOLTAIRE, EUGENIE MS  
Address: 1260 NE 1 CT  
City-St-Zip: N MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WISNEL FILS-AIME

PD

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date