

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003286

FILED
Apr 29, 2009
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: PD (X) Change () Addition
Name: FRANCOIS, MAUCLAIR
Address: 5502 WASHINGTON STREET APT.305C
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change () Addition
Name: FELLISAINT, ROSE
Address: 3577 WILES ROAD APT.306
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Change () Addition
Name: FILS-AIME, WISLAINE
Address: 5514 PLUNKETT STREET
City-St-Zip: HOLLYWOOD, FL 33021

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 FILSAIME

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date