


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004692</b> 1. Entity Name EGLISE BAPTISTE DU TABERNACLE, INC.	
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Principal Place of Business 901 NW 143 ST MIAMI, FL 33168	Mailing Address 7649 DILIDO BLVD HOLLYWOOD, FL 33023
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01252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1130734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  RAYMONVIL, OSLER 7649 DILIDO BLVD MIRAMAR, FL 33023
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000610984 02/02/07-80043-002 61.25
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSLER, RAYMONVIL 7649 DILIDO BLVD HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESORME, RAOUL 18824 NW 80TH AVE HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMONVIL, LOUIS 3420 ACAPULCO DR. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JEROME 14695 NE 18TH AVE. #2K MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **1/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #