2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# N01000006394

Entity Name: EGLISE BAPTISTE HAITIENNE BEREE, INC.

Current Principal Place of Business:

13940 NE 12TH AVE
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1220 N.W. 122 STREET
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-1116464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, SAINT-LOUIS
1220 N.W. 122 STREET
MIAMI, FL 33167 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:	D	( ) Delete
Name:	JOSEPH, SAINT-LOUIS REV.	
Address:	1220 N.W. 122 ST.	
City-St-Zip:	MIAMI, FL 33167	
Title:	T	( ) Delete
Name:	BOUCARD, MARIE N	
Address:	14700 N.E. 8TH COURT	
City-St-Zip:	MIAMI, FL 33161	
Title:	M	( ) Delete
Name:	JOSEPH, LAUSANA	
Address:	1220 N.W. 122 STREET	
City-St-Zip:	MIAMI, FL 33167	
Title:	AD	( ) Delete
Name:	SEVERE, MICHEL REV.	
Address:	125 N.E. 121 TERRACE	
City-St-Zip:	MIAMI, FL 33161	
Title:	S	( ) Delete
Name:	MATHURIN, NICOLE	
Address:	127 N.E. 129 STREET	
City-St-Zip:	MIAMI, FL 33161	
Title:	M	( ) Delete
Name:	JOVIN, ONEL	
Address:	10620 N.W. 2ND	
City-St-Zip:	MIAMI, FL 33150	

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: SAINT-LOUIS JOSEPH D 03/17/2008

Electronic Signature of Signing Officer or Director — Date