

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 002 ****61.25

DOCUMENT # N01000008285 1. Entity Name EL-SHADDAI BAPTIST CHURCH OF POMPANO INC.					
Principal Place of Business 2071 N DIXIE HWY SUITE 2075 POMPANO BEACH, FL 33060			Mailing Address P. O. BOX 667877 POMPANO BEACH, FL 33060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LOUIS, PIERRE D 6248 DUVAL DR MARGATE, FL 33063				7. Name and Address of New Registered Agent Name <u>LOUIS, PIERRE D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4935 S.W. 12TH STREET</u> City <u>MARGATE</u> FL <u>33068</u>	
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 <u><i>Pierre D. Louis</i></u> DATE <u>4/13/06</u> <small>Signature typed or printed name of registered agent is not acceptable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS, PIERRE D		NAME	FRANCOIS, Mirbel	
STREET ADDRESS	6248 DUVAL DR		STREET ADDRESS	7517 N.W. 41 ST STREET	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR, CHARITE		NAME	LOUIS, PIERRE D.	
STREET ADDRESS	3509 NW 39TH AVE.		STREET ADDRESS	4935 S.W. 12 TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309		CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, CLASIUS		NAME	OSCAR, CHARITE	
STREET ADDRESS	6248 DUVAL DRIVE		STREET ADDRESS	3509 N.W. 39 TH AVENUE	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Pierre D. Louis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/13/06</u> (954) 969-5909 <small>Daytime Phone #</small>		
PIERRE D. LOUIS, PRESIDENT					