2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002398

Entity Name: EGLISE BAPTISTE UNIE, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2949 WEST BROWARD BLVD 595 NW 18TH STREET

FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

1200 NW 7TH TERR. 595 NW 18TH STREET

FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

FEI Number: 04-3686043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDMOND, LEDOINE
1200 NW 7TH TERRACE
EDMOND, LEDOINE
595 NW 18TH STREET

FORT LAUDERDALE, FL 33311 US FORT LAUDERDALE, FL 33311 US

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: LEDOINE EDMOND 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VP (X) Change () Addition

 Name:
 NORT, JOSEPH
 Name:
 NORT, JOSEPH

 Address:
 3301 NW 47TH TERRACE
 Address:
 3301 NW 47TH TERRACE

 City-St-Zip:
 FORT LAUDERDALE, FL 33319
 City-St-Zip:
 FORT LAUDERDALE, FL 33319

Title: VD () Delete Title: () Change () Addition

 Name:
 JILME, ANDRAL
 Name:

 Address:
 834 SW 13TH ST #1
 Address:

 City-St-Zip:
 DAVIE, FL 33312
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 REMY, NADINE
 Name:

 Address:
 921 SW 15TH TERRACE
 Address:

 City-St-Zip:
 DAVIE, FL 33312
 City-St-Zip:

Title: () Delete Title: P () Change (X) Addition

 Name:
 EDMOND, LEDOINE

 Address:
 Address:
 595 NW 18TH STREET

 City-St-Zip:
 City-St-Zip:
 FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEDOINE EDMOND P 04/28/2005