2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# N02000002398

Entity Name: EGLISE BAPTISTE UNIE, INC.

Current Principal Place of Business:

595 NW 18TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

595 NW 18TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

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

Name and Address of Current Registered Agent:

EDMOND, LEDOINE
595 NW 18TH STREET
FORT LAUDERDALE, FL 33311 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: VP ( ) Delete
Name: NORT, JOSEPH
Address: 3301 NW 47TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VD ( ) Delete
Name: JILME, ANDRAL
Address: 834 SW 13TH ST #1
City-St-Zip: DAVIE, FL 33312

Title: STD ( ) Delete
Name: REMY, NADINE
Address: 921 SW 15TH TERRACE
City-St-Zip: DAVIE, FL 33312

Title: P (X) Delete
Name: EDMOND, LEDOINE
Address: 595 NW 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EDMOND, LEDOINE
Address: 595 NW 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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 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: EDMND LEDOINE P 02/23/2007

Electronic Signature of Signing Officer or Director — Date