


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N02000009108

1. Entity Name
 EGLISE BAPTISTE HAITIENNE LA TRINITE, INC.



Principal Place of Business
 3550 W. DAVIE BLVD.
 FORT LAUDERDALE, FL 33312

Mailing Address
 6221 NW 14 CT.
 SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3665708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELIZE, DAVID
 6221 NW 14 CT.
 SUNRISE, FL 33313

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ELIZE, DAVID 6221 N.W. 14 CT. SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAUPLAN, PAUL 247 SW 7TH ST DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZE, ANDREZE 6221 N.W. 14 CT. SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLERIGENE, MEDELLUS 1516 N.W. 7 AVE. #1 FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPERME, JONAS 2640 N.E. 8TH AVE., #65 WILTON MANORS, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000690849
 04/12/07-80006-020 61.25

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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: David Elize **DAVID ELIZE** 3-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #