


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90002 040 ****70.00

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1. Entity Name
GRACE EVANGELICAL BAPTIST CHURCH, INC.



Principal Place of Business
2045 NE 151 STREET
NORTH MIAMI, FL 33162

Mailing Address
1314 NE 183 ST
NORTH MIAMI BEACH, FL 33162

14018111



2. Principal Place of Business
2047 NE 151 Street

3. Mailing Address
 Suite, Apt. #, etc.

06222005 Chg-NP CR2E037 (10/03)

City & State
North Miami Beach, FL

City & State
 Suite, Apt. #, etc.

Zip
33162

Country
Dade

4. FEI Number
55-0811731

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ST. LOUIS, JACQUES
1314 NE 183 ST
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee Is \$61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T1 PETIT-HOMME, GLADYS <input type="checkbox"/> Delete 85 NE 171 STREET NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2 FERTIL, LEVEL <input checked="" type="checkbox"/> Delete 365 NW 125TH ST., #203 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T3 ST FLEUR, BENJAMIN <input checked="" type="checkbox"/> Delete 14320 NE 5TH AVE NORTH MIAMI BEACH, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP SAINT-LOUIS, JACQUES F REV <input type="checkbox"/> Delete 1314 NE 183RD ST NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BVP BAPTIST, NADET J <input checked="" type="checkbox"/> Delete 3800 NW 183RD STREET UNIT 211 OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIEUVILON, ANOFIE <input checked="" type="checkbox"/> Delete 1121 NE 200 TERRACE NORTH MIAMI BEACH, FL 33169

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Augustin Oreste <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1677 NE 146th Street N. Miami Beach, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs Linda Valeur <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 N W 70th Street Miami, FL 33150

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jacques F. Saint-Louis Date: 07-01-05 Daytime Phone #: 786-355-1186