


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90358 026 \*\*\*\*61.25

<b>DOCUMENT # N03000000071</b> 1. Entity Name EGLISE BAPTISTE PARLA FOI EN CHRIST, INC.					
Principal Place of Business 1126 WEST LANTANA ROAD LANTANA, FL 33462			Mailing Address 1126 WEST LANTANA ROAD LANTANA, FL 33462		
2. Principal Place of Business <i>1126 West Lantana Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>1126 W. Lantana Rd</i> Suite, Apt. #, etc.			
City & State <i>Lantana FL.</i>		City & State <i>Lantana FL.</i>		4. FEI Number 48-1299412	
Zip <i>33462</i>		Country <i>Palm Beach</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GRACIA SIMON, JACQUES REV. 1126 WEST LANTANA ROAD LANTANA, FL 33462			7. Name and Address of New Registered Agent Name <i>Guertrude Joseph (TRÉSORIER)</i> Street Address (P.O. Box Number is Not Acceptable) <i>1169 A17b Road</i> City <i>Lantana FL</i> <span style="float: right;">FL <i>33462</i></span>		
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 <i>Jacques G. Simon</i> <span style="float: right;"><i>6-10-05</i></span> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	GRACIA SIMON, JACQUES REV.	<input type="checkbox"/> Delete	6.	
NAME		<i>1116 W. PINE STREET</i>			
STREET ADDRESS		<i>LAKE WORTH FL. 33462</i>			
CITY - ST - ZIP		<i>5689 STRAWBERRY</i>			
TITLE	T	MILIEN, MADELENA	<input type="checkbox"/> Delete	no longer	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	S	MOSILME, BENOIT	<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	AT	DAMILUS, MARIE MICHELLE	<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

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: *[Signature]* *6-10-05 7:00 PM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #