

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

DOCUMENT # N03000004526

1: Entity Name

EGLISE BAPTISTE TERRE PROMISE INC.



Principal Place of Business

200 N.W. 77 STREET #12
MIAMI FL 33150

Mailing Address

200 N.W. 77 STREET #12
MIAMI FL 33150

2. Principal Place of Business

200 NW 77 Street

Suite, Apt. #, etc.

12

City & State

Miami, Florida

Zip

33150

Country

USA

3. Mailing Address

200 NW 77 Street

Suite, Apt. #, etc.

12

City & State

Miami, FL

Zip

33150

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

65-1186715

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLARIN, JEAN HOLEX REV.
200 N.W. 77 STREET #12
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name COLARIN, JEAN HOLEX

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

200 NW 77 Street #12

City

MIAMI

FL

Zip Code

33150

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

COLARIN, JEAN HOLEX

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-19-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	COLARIN, JEAN HOLEX	
STREET ADDRESS	200 N.W. 77 STREET #12	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLOT, MARIE ROSELINE	
STREET ADDRESS	200 N.W. 77 STREET #12	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENECHÉ, EMELINE	
STREET ADDRESS	200 N.W. 77 STREET #12	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DESRVINES, EDITH	
STREET ADDRESS	200 N.W. 77 STREET #12	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDAIN, ALMA	
STREET ADDRESS	200 NW 77 Street #12	
CITY-ST-ZIP	MIAMI, FL. 33150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: COLARIN, JEAN HOLEX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-04

Date

(786) 286-6794

Daytime Phone #