


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90317 003 \*\*\*\*85.00

<b>DOCUMENT # N03000004526</b>		
1. Entity Name <b>EGLISE BAPTISTE TERRE PROMISE INC.</b>		
Principal Place of Business <b>200 N.W. 77 STREET #12 MIAMI FL 33150</b>		Mailing Address <b>200 N.W. 77 STREET #12 MIAMI FL 33150</b>
2. Principal Place of Business <b>1108 North BLVD. #213 Suite, Apt. #, etc. #213 City &amp; State TAMPA, FLORIDA Zip 33607 Country USA</b>	3. Mailing Address <b>1108 North Boulevard Suite, Apt. #, etc. 213 City &amp; State TAMPA, FLORIDA Zip 33607 Country USA</b>	



1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-1186715</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>COLARIN, JEAN HOLEX 200 N.W. 77 STREET #12 MIAMI FL 33150</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: Jean Holey Colarin DATE: 04-22-2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLARIN, JEAN HOLEX 200 N.W. 77 STREET #12 MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Grmine, Roselane 1108 North BLVD. #213 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLOT, MARIE ROSELINE 200 N.W. 77 STREET #12 MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Decesse, Deme 1108 North Boulevard #213 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENECH, EMELINE 200 N.W. 77 STREET #12 MIAMI FL 33150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEDAIN, ALMA 200 N.W. 77 STREET #12 MIAMI FL 33150 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jean Holey Colarin DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR