


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90006 007 \*\*\*\*61.25

<b>DOCUMENT # N03000005024</b> 1. Entity Name <b>EGLISE BAPTISTE UN SEUL DIEU INC.</b>					
Principal Place of Business <b>4312 NW 7 AVE MIAMI, FL 33127</b>			Mailing Address <b>288 NW 100 TERR MIAMI, FL 33150</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05092005    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>13-4254455</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VOLMY, PREVILON 288 NW 100 TERR MIAMI, FL 33150</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 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>
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLMY, PREVILON			NAME	
STREET ADDRESS	4312 NW 7 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLMY, MARIE T			NAME	
STREET ADDRESS	4312 NW 7 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRSAINT, NANCY			NAME	
STREET ADDRESS	4312 NW 7 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLMY, PRENOS			NAME	
STREET ADDRESS	4312 NW 7 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDEON, MARIE T			NAME	
STREET ADDRESS	4312 NW 7 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b> <i>[Signature]</i>				<i>PREVILON Volmy</i> 06/07/005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date    Daytime Phone #</small>	