2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N03000007630

Entity Name: EGLISE BAPTISTE DE LA GRACE, INC.

Current Principal Place of Business:

5128 CORNELL WALK
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5128 CORNELL WALK
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 03-0400423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FABIEN, FORBIN
5128 CORNELL WALK
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SENAT, MARC
Address: 338 NE 25TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: FABIEN, FORBIN
Address: 5128 CORNELL WALK
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: LECTOR, RAPHAEL
Address: 338 NE 25TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: GELIN, GUERRIER
Address: 903 WYNNDALE WAY
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORBIN FABIEN D 05/04/2005
Electronic Signature of Signing Officer or Director — Date