

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007630

**FILED**  
**May 01, 2011**  
**Secretary of State**

**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:**

200 SWAIN BLD  
GREENACRES, FL 33463

**Current Mailing Address:**

5128 CORNELL WALK  
LAKE WORTH, FL 33463

**New Mailing Address:**

PO BOX 541776  
LAKE WORTH, FL 33454

**FEI Number:** 03-0400423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** SR  
**Name:** CALIXTE, MIRACLE  
**Address:** 1298 PEBBLE RIDGE LN  
**City-St-Zip:** WEST PALM BEACH, FL 33411

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MIRACLE CALIXTE

SR

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date