

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90351 015 ****66.25

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03222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000008581 1. Entity Name PREMIERE EGLISE BAPTISTE HAITIENNE DE STUART, INC.					
Principal Place of Business 201 W. OCEAN BLVD STUART, FL 34994			Mailing Address 2272 SE MASLAN AVENUE PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2398450	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AB CONSULTING & ACCOUNTING SERVICES, INC. 6237 MIRAMAR PARKWAY 200 MIRAMAR, FL, FL 33023			7. Name and Address of New Registered Agent Name Justin Floreal Street Address (P.O. Box Number is Not Acceptable) 2272 SE maslan Ave Port Saint Lucie City FL Zip Code 34952		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOREAL, JUSTIN	NAME			
STREET ADDRESS	2272 SE MASLAN AVE	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORISCA, JEAN K	NAME			
STREET ADDRESS	2895 SE GARDEN STREET	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOUIS, TONY	NAME			
STREET ADDRESS	1849 SW BURLINGTON ST	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHER-AIME, WILFRID	NAME	Scher-Aime, Wilfrid		
STREET ADDRESS	3595 SE SARAH CT	STREET ADDRESS	237 WE Florida Dr PSL FL 34883		
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERRELUS, ELIUS	NAME	T. Pierrelus, Elius		
STREET ADDRESS	3595 SE SARAH CT #185	STREET ADDRESS	3077 SE Iris st. Stuart, FL 34997		
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERANESE DERVIS, MERNASES	NAME	c. Meranese Dervis		
STREET ADDRESS	3115 ALLENDAL ST	STREET ADDRESS	2990 SE Fairmont st. Stuart, FL 34997		
CITY-ST-ZIP	STUART, FL 34997	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: Justin Floreal 4-6-05 772/398-2532					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					