2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A:1)

FILED
May 18, 2007 8:00 am
Secretary of State
04-24-2007 90012 031 ****61.25

DOCUMENT # N03000008581

1. Entity Name

PREMIERE EGLISE BAPTISTE HAITIENNE DE STUART, INC.

Principal Place of Business	Mailing Address
10694 S US 1 SUITE C PORT SAINT LUCIE FL 34952	~~2272 SE MASLAN AVENUE~~ ~~PORT ST. LUCIE FL 34952~~ Changed 10694 S US 1 SUITE C PORT ST. LUCIE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number 56-2398450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
☑ Delete FLOREAL, JUSTIN 2272 SE MASLAN AVE PORT SAINT LUCIE FL 34952	Name DORISCA, Jean K Street Address (P.O. Box Number is Not Acceptable) 1932 SE JOY HAVEN ST. City PORT ST. LUCIE FL Zip Code 34983

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 K. Dorisca 05/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOREAL, JUSTIN 2272 SE MASLAN AVE PORT SAINT LUCIE FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DORISCA, JEAN K 2895 SE GARDEN STREET STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEW ADDRESS ☐ Change ☐ Addition 1932 SE JOY HAVEN ST. PORT ST. LUCIE FL 34983
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOUIS, TONY 1849 SW BURLINGTON ST PORT SAINT LUCIE FL 34984	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHER-AIME, WILFRID 237 NE FLORESTA DR PORT SAINT LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PIERRELUS, ELIUS 3077 SE IRIS ST STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEACON NELSON FONTUS ☐ Change ☑ Addition 605 SE BETH CT PORT ST. LUCIE, FL 34984
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MERANESE, DERVIS 2990 SE FAIRMONT ST STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEACON PIERRE MONDESIR ☐ Change ☑ Addition 737 SE KARRIGAN TER. PORT ST. LUCIE 34983

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 K. Dorisca 05/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #