2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 14, 2007 08:00 AN Secretary of State DOCUMENT # N03000008946 EGLISE EVANGELIQUE BAPTISTE DE LUMIERE, INC. Principal Place of Business Mailing Address 43 NW 85TH ST 43 NW 85TH ST **MIAMI FL 33150** MIAMI FL 33150 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number City & State Applied For 02-0580960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD, SEUL D Street Address (P.O. Box Number is Not Acceptable) 43 NW 85TH ST **MIAMI FL 33150** 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change NAME SEUL-DIEU, RICHARD U00000636328 STREET ADDRESS 43 NW 85TH ST STREET ADDRESS 02/26/07-80012-014 61.25 CITY-SI-ZIP MIAM! FL 33150 CHTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DESIR, JIMMYLEE STREET ADDRESS STREET ADDRESS 43 NW 85TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 IIILE ☐ Delele Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ШĿ. ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP MÆ ☐ Defele ☐ Addrition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing doos 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 all attachment with an address, with all other like empowered.

SIGNATURE