


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90156 041 \*\*\*\*61.25

**DOCUMENT # N03000008946**

1. Entity Name  
**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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

**6. Name and Address of Current Registered Agent**

**RICHARD, SEUL D**  
**43 NW 85TH ST**  
**MIAMI FL 33150**

**4. FEI Number**      Applied For / Not Applicable

**02-0580960**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signed as required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

**9. Election Campaign Financing**       **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SEUL-DIEU, RICHARD	
STREET ADDRESS	43 NW 85TH ST	
CITY- ST- ZIP	MIAMI FL 33150	
TITLE	S	<input type="checkbox"/> Delete
NAME	DESIR, JIMMYLEE	
STREET ADDRESS	43 NW 85TH ST	
CITY- ST- ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:**