

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

06-07-2005 90001 037 ***61.00
N03000009500

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

DOCUMENT # N0300G009500 1. Entity Name EGLISE BAPTISTE PAR LA FOI, INC.					
Principal Place of Business 512 NORTH DIXIE HIGHWAY LANTANA FL 33462			Mailing Address 512 NORTH DIXIE HIGHWAY LANTANA FL 33462		
2. Principal Place of Business <i>512 North Dixie Highway</i>			3. Mailing Address		
Suite, Apt. #, etc. <i>LANTANA FL</i>			Suite, Apt. #, etc.		
City & State			City & State		
Zip <i>33462</i>		Country <i>FLAIDA BEACH</i>		Zip	
4. FEI Number 55-0805327				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 BILLY, RIGUENS REV. 619 SOUTH PINE STREET LAKE WORTH FL 33460			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input 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 NAME STREET ADDRESS CITY - ST - ZIP	PD BILLY, RIGUENS REV. 619 SOUTH PINE STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH, GUERLANDE 809 SOUTH H. STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FILEUS, AMANIA 5682 LINCOLN CIRCLE EAST LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILLY, ALICIAS 2520 10TH AVENUE NORTH #204K LAKE WORTH FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 file 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 whom I am empowered.					
SIGNATURE: _____ <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>5-27-05</i> Deletion Phone: <i>361 502 4813</i>		