

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010542

FILED
Jul 14, 2004
Secretary of State

Entity Name: PREMIERE EGLISE BAPTISTE HAITIENNE EBENEZER DE POINCIANA, INC.

Current Principal Place of Business:

803 S 16TH ST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

803 S 16TH ST
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-0896930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR, STE 100
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR, STE 200
ORLANDO, FL 32804 US

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.

SIGNATURE: _____

07/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIERRE, JOSTHENE
Address: 803 S 16TH ST
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: CASTIN, NAPOLD
Address: 112 DULVERTON WAY
City-St-Zip: POINCIANA, FL 34758

Title: D () Delete
Name: GEORGES, GIBLERT
Address: 79 ALTERA CT
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: LEON, JEAN D
Address: 933 GATESHEAD CT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSTHENE PIERRE

D

07/14/2004

Electronic Signature of Signing Officer or Director

Date