


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010542

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



Principal Place of Business 803 S 16TH ST HAINES CITY, FL 33844	Mailing Address 803 S 16TH ST HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0896930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

U00000340633
 04/28/05 00125 003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, JOSTHENE 803 S 16TH ST HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTIN, NAPOLD 112 DULVERTON WAY POINCIANA, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGES, GIBLERT 79 ALTERA CT KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, JEAN D 933 GATESHEAD CT KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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, and all other like empowered.

SIGNATURE: Josthene Pierre 4/25/05 863/422-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSTHENE PIERRE