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

FILED
Apr 27, 2005 8:00 am
Secretary of State
03-29-2005 90025 048 ****70.00

DOCUMENT # N04000000666

1. Entity Name

REHOBOTH EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
615 THOMAS JEFFERSON WAY ORLANDO FL 32809	615 THOMAS JEFFERSON WAY ORLANDO FL 32809

1345 W. Haley St

2. Principal Place of Business	3. Mailing Address
1345 W Haley St	1345 W. Haley St
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Orlando Florida	City & State Orlando Florida
Zip 32805 Country Orange	Zip 32805 Country Orange

1st MOORE CR2E037 (10/04)

4. FEI Number 32-0245654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXIS, LUC 615 THOMAS JEFFERSON WAY ORLANDO FL 32809	Name Alexis Lassoba Luc Street Address (P.O. Box Number is Not Acceptable) 615 Thomas Jefferson Way City Orlando FL Zip Code 32809

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 _____ 3/14/05
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP ALEXIS, LUC 615 THOMAS JEFFERSON WAY ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JEAN, EXAMA 1648 RAVENALL AVE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JEAN-JACQUES, ESPERANCE 615 THOMAS JEFFERSON WAY ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOSEPH, SELONDIEU 5242 AVENTURA BLVD ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

Change of Address

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, with all other like empowered.

SIGNATURE: _____ 4/22/05 321-287-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #