2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State
04-28-2005 90151 018 ****61.25

DOCUMENT # N04000000696

1. Entity Name
EGLISE EVANGELIQUE BAPTISTE DE LA FONDATION CHRETIENNE, INC.

Principal Place of Business	Mailing Address
13798 NE 11 AVE MIAMI, FL 33161	13798 NE 11 AVE MIAMI, FL 33161

04232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13798 NE 11 AVE Suite, Apt. #, etc.	13798 NE 11 AVE Suite, Apt. #, etc.
City & State: N. Miami FL 8	City & State: N. Miami Florida
Zip: 33161 Country: Dade	Zip: 33161 Country: Dade

4. FEI Number: 47-0937531 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEAN, FRANTZ F
13798 NE 11 AVE
MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable):
City: N/A **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 _____ 04.23.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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	D JEAN, WILBERT REV 13798 NE 11 AVE MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEAN, FRANTZ F REV 13798 NE 11 AVE MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILOT, DAPHNE 13798 NE 11 AVE MIAMI, FL 33161	☐ 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
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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, with all other like empowered.

SIGNATURE: Rev. Frantz F. J 04.23.2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #