2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# N04000002935

Entity Name: EGLISE BAPTISTE HAITIENNE DE LA NOUVELLE VIE, INC.

Current Principal Place of Business:

2102 SE SHELTER DRIVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2102 SE SHELTER DRIVE
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 80-0082393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIVERT, ACSERGE
2102 SE SHELTER DRIVE
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELAN, FRANCIS
Address: 654 SE TANNER AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete
Name: MORTIMER, CHARILIA
Address: 1650 BUTTERCUP AENUE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete
Name: LARTIGUE, ISAI
Address: POST OFFICE BOX 9554
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: MICHEL, JULIETTE
Address: 2102 SE SHELTER DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: PRIVERT, ACSERGE
Address: 2102 SE SHELTER DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PRIVERT, ACSERGE
Address: 2102 SE SHELTER DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

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: D (X) Change ( ) Addition
Name: ELAN, FRANCIS
Address: 654 SE TANNER AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

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: ACSERGE PRIVERT P 02/16/2005

Electronic Signature of Signing Officer or Director — Date