

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2006  
Secretary of State**

DOCUMENT# N04000003884

Entity Name: EGLISE EVANGELIQUE BAPTISTE DE LA PROVIDENCE, INC

**Current Principal Place of Business:**

101 NW 86 STREET  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4293  
HALLANDALE, FL 33008

**New Mailing Address:**

FEI Number: 81-0652147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMAND, AUGEREAU J  
101 NWV 86 STREET  
MIAMI, FL 33150 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: P ( ) Delete  
Name: ARMAND, AUGEREAU J  
Address: 101 NW 86 STREET  
City-St-Zip: MIAMI, FL 33150

Title: V ( ) Delete  
Name: BLAISE, ALIX  
Address: 5921 WASHINGTON STREET #122  
City-St-Zip: HOLLYWOOD, FL 33023

Title: T ( ) Delete  
Name: MOMPOINT, GUY B  
Address: 1807 ADVENTURE PL  
City-St-Zip: N LAUDERDALE, FL 33068

Title: S ( ) Delete  
Name: BLAISE, ROSE C  
Address: 5921 WASHINGTON STREET #122  
City-St-Zip: HOLLYWOOD, FL 33023

Title: AS ( ) Delete  
Name: COULANGE, GINETTE J  
Address: 1453 NW 50 STREET  
City-St-Zip: MIAMI, FL 33142

**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:

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 Chapter 119, 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: ALIX BLAISE

V

04/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date