

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003884

FILED
Apr 25, 2007
Secretary of State

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: VP (X) Change () Addition
Name: BLAISE, ALIX
Address: 5826 POLK STREET #A
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BLAISE, ROSE C
Address: 5826 POLK STREET #A
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

VP

04/25/2007

Electronic Signature of Signing Officer or Director

Date