2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
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: VP ( ) Delete
Name: BLAISE, ALIX
Address: 6216 WASHINGTON STREET #1A
City-St-Zip: HOLLYWOOD, FL 33023

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

Title: S ( ) Delete
Name: BLAISE, ROSE C
Address: 6216 WASHINGTON STREET #1A
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: 101 NW 86 STREET
City-St-Zip: MIAMI, FL 33150

Title: T (X) Change ( ) Addition
Name: COULANGE, BEZE
Address: 101 NW 86 STREET
City-St-Zip: MIAMI, FL 33150

Title: S (X) Change ( ) Addition
Name: BLAISE, ROSE C
Address: 101 NW 86 STREET
City-St-Zip: MIAMI, FL 33150

Title: AS (X) Change ( ) Addition
Name: COULANGE, GINETTE J
Address: 101 NW 86 STREET
City-St-Zip: MIAMI, FL 33150

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 04/11/2009

Electronic Signature of Signing Officer or Director — Date