

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-11-2005 90155 042 ****61.25

DOCUMENT # N04000009081 1. Entity Name EGLISE LA FOI BAPTISTE HAITIENNE DU BON SAMARITAIN, INC.					
Principal Place of Business 1527 HINCKLEY ROAD ORLANDO, FL 32818			Mailing Address 1527 HINCKLEY ROAD ORLANDO, FL 32818		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2046798 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03172005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ALEXIS, LEBRUN 1527 HINCKLEY ROAD ORLANDO, FL 32818				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALEXIS, LEBRUN		NAME		
STREET ADDRESS	1527 HINCKLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARROL, BETTY		NAME		
STREET ADDRESS	1527 HINCKLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUIRAND, GUILLOT		NAME		
STREET ADDRESS	3292 COURTYARD VILLAGE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JEAN-PIERRE, DLY		NAME		
STREET ADDRESS	4419 MARTINS WAY #F		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FANNIE-DORANZIL, MARIE		NAME		
STREET ADDRESS	3790 RIO GRANDE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CLAUDE-PIERRE, JEAN		NAME		
STREET ADDRESS	2081 ONETACT ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
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: <i>Alexis</i> 4/28/05					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

00010000

