

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009081

FILED  
Apr 03, 2006  
Secretary of State

**Entity Name:** EGLISE LA FOI BAPTISTE HAITIENNE DU BON SAMARITAIN, INC.

**Current Principal Place of Business:**

1527 HINCKLEY ROAD  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

1527 HINCKLEY ROAD  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 41-2046798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEXIS, LEBRUN  
1527 HINCKLEY ROAD  
ORLANDO, FL 32818 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: ALEXIS, LEBRUN  
Address: 1527 HINCKLEY ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete  
Name: CARROL, BETTY  
Address: 1527 HINCKLEY ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: GUIRAND, GUILLOT  
Address: 3292 COURTYARD VILLAGE  
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete  
Name: JEAN-PIERRE, DLY  
Address: 4419 MARTINS WAY #F  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: FANNIE-DORANZIL, MARIE  
Address: 3790 RIO GRANDE AVE  
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete  
Name: CLAUDE-PIERRE, JEAN  
Address: 2081 ONETACT ROAD  
City-St-Zip: ORLANDO, FL 32818

**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:

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: ALEXIS LEBRUN

P

04/03/2006

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

\_\_\_\_\_  
Date