

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90070 014 ****61.25

DOCUMENT # N04000009407					
1. Entity Name EGLISE EVANGELIQUE BAPTISTE ROCHER D'HOREB, INC.					
Principal Place of Business 242 NW 71ST STREET MIAMI, FL 33150			Mailing Address 242 NW 71ST STREET MIAMI, FL 33150		
2. Principal Place of Business		3. Mailing Address P.O. BOX 381912			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FLORIDA		4. FEI Number 01-0820466	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MONPREMIER, ERNAND 660 NE 87TH STREET #3- MIAMI, FL 33138			NEW ADDRESS 13480 NE 6th AVE #116 MIAMI, FL 33161		
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 <u>ERNAND MONPREMIER, PASTOR, DIRECTOR</u> 04-06-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME MONPREMIER, ERNAND STREET ADDRESS 660 NE 87TH STREET #3- CITY-ST-ZIP MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE SECRETARY NAME MICHELINE A. GEFFRARD STREET ADDRESS 16651 N.E. 20th AVE # 8 CITY-ST-ZIP MIAMI, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME JOSEPH, CLOTIDE P STREET ADDRESS 395 NE 88TH STREET CITY-ST-ZIP MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ROSE D. JEAN NOEL STREET ADDRESS 13200 NE 7TH AVENUE CITY-ST-ZIP MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>ERNAND MONPREMIER</u> 04-06-05 86-2859214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #</small>					