

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90079 038 ****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 P.O. BOX 304842 MIAMI, FL 33138		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16025 NE 18th AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FL			
Zip	Country	Zip	Country	4. FEI Number 01-0820466	
33162		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONPREMIER, ERNAND 401 NE 8TH AVE 16025 NE 18th AVE #110 MIAMI, FL 33138 N.MIAMI BEACH, FL 33162			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 01-25-07			
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 401 NE 8TH STREET #110 CITY-ST-ZIP MIAMI, FL 33138 16025 NE 18th AVE N.MIA.Beach, FL 33162	<input type="checkbox"/> Delete		TITLE T NAME CHALEMISE NOEL STREET ADDRESS 11690 NE 18th DR # 11 CITY-ST-ZIP Miami, FL 33181	<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 checked="" type="checkbox"/> Delete		TITLE S NAME SADIUS AUGUSTIN STREET ADDRESS 18821 NE 3rd Ct # 613 CITY-ST-ZIP Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME GEFFRARD, MICHELINE A STREET ADDRESS 16651 NE 20TH AVE CITY-ST-ZIP MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete		TITLE C NAME VOLONTE JEAN NOEL STREET ADDRESS 1290 NE 119th St # 1 CITY-ST-ZIP Miami, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE C NAME INOLON MOMPRIEMER STREET ADDRESS 560 NE 71st Street CITY-ST-ZIP Miami, FL 33138	<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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:		(NOTE: Registered Agent signature required when reinstating) DATE 01-25-07 786-9224			