

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90072 009 \*\*\*\*75.00

**DOCUMENT # N05000005464**

1. Entity Name  
**HEAVENLY CANAAN BAPTIST CHURCH INC**



Principal Place of Business  
**2351 DORA STREET  
FORT MYERS, FL 33901**

Mailing Address  
**2351 DORA STREET  
FORT MYERS, FL 33901**



2. Principal Place of Business  
**5225 27th AVE S.W.**

3. Mailing Address  
**5225 27th AVE S.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP - CR2E037-(11/05) -

City & State  
**High Acres, FL**

City & State  
**High Acres, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**33971**

Country  
**USA**

Zip  
**33971**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFALAISE, LUISPEINGNE  
2046 CANAL STREET  
FORT MYERS, FL 33901**

Name  
**RONY PROPHETE**

Street Address (P.O. Box Number is Not Acceptable)

**5225 27th AVE S.W.**

City  
**High Acres**

FL

Zip Code  
**33971**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/06**

**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

TITLE  
**P**  
NAME  
**PROPHETE, RONY**  
STREET ADDRESS  
**2351 DORA STREET**  
CITY-ST-ZIP  
**FORT MYERS, FL 33901**

☐ Delete

TITLE  
**VP**  
NAME  
**PIERRE, NACIUS**  
STREET ADDRESS  
**2351 DORA STREET**  
CITY-ST-ZIP  
**FORT MYERS, FL 33901**

☐ Delete

TITLE  
**TR**  
NAME  
**DESAMOUR, LEONTES**  
STREET ADDRESS  
**2351 DORA STREET**  
CITY-ST-ZIP  
**FORT MYERS, FL 33901**

☐ Delete

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Delete

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
**TR ASSISTANT**  
NAME  
**PIERRE JEROME DEVARISTE**  
STREET ADDRESS  
**2351 DORA ST**  
CITY-ST-ZIP  
**FORT MYERS, FL 33901**

☐ Change ☒ Addition

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
  
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STREET ADDRESS  
  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/06**

Date

Daytime Phone #