


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90234 014 \*\*\*\*61.25

<b>DOCUMENT # N05000005464</b>					
<b>1. Entity Name</b> HEAVENLY CANAAN BAPTIST CHURCH INC					
<b>Principal Place of Business</b> 5225 27TH AVE SW LEHIGH ACRES, FL 33971			<b>Mailing Address</b> 5225 27TH AVE SW LEHIGH ACRES, FL 33971		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PROPHETE, RONY 5225 27TH AVE SW LEHIGH ACRES, FL 33971			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code                 </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> PROPHETE, RONY 2351 DORA STREET FORT MYERS, FL 33901 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> PIERRE, NACIUS 2351 DORA STREET FORT MYERS, FL 33901 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>TR</b> DESAMOUR, LEONTES 2351 DORA STREET FORT MYERS, FL 33901 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>SECRETARY</b> YOUSELANDE DEVARISTE 2359 DORA ST FORT MYERS, FL 33901 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>TA</b> DEVARISTE, PIERRE J 2359 DORA ST FORT MYERS, FL 33901 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Rev. Rony Prophele</i>			<b>4/24/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		