


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90001 040 \*\*\*\*61.25

|  |                         |   |   |  |                                   |
|--|-------------------------|---|---|--|-----------------------------------|
| DOCUMENT # N05000012390  |                         |   |   |         |                                   |
| 1. Entity Name<br>PREMIERE EGLISE BAPTISTE HAITIENNE DE RIVERVIEW INC.   |                         |   |   |  |                                   |
| Principal Place of Business<br>11728 STONE WOODGATE RD<br>RIVERVIEW FL 33569   |                         | Mailing Address<br>11728 STONE WOODGATE RD<br>RIVERVIEW FL 33569                    |   |  |                                   |
| 2. Principal Place of Business   |                         | 3. Mailing Address  |   |  |                                   |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.   |   |  |                                   |
| City & State   |                         | City & State  |   | 4. FEI Number <b>203924908</b>   |                                   |
| Zip  |                         | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br>DESRONVIL, NEMOURS<br>11728 STONE WOODGATE RD<br>RIVERVIEW FL 33569   |                         |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting)</small>  |                         |   |   |  |                                   |
| FILE NOW: FEE IS \$61.25<br>Due By September 6, 2006   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees   |                                   |
|  |                         |   |   | Make Check Payable to -<br>Florida Department of State                                   |                                   |
| 10. OFFICERS AND DIRECTORS   |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                   |
| TITLE  | P                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | DESRONVIL, NEMOURS      |   | NAME  |  |                                   |
| STREET ADDRESS   | 11728 STONE WOODGATE RD |   | STREET ADDRESS  |  |                                   |
| CITY - ST - ZIP  | RIVERVIEW FL 33569      |   | CITY - ST - ZIP                                       |  |                                   |
| TITLE  | T                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | DORVAL, BERNARD         |   | NAME  |  |                                   |
| STREET ADDRESS   | 11728 STONE WOODGATE RD |   | STREET ADDRESS  |  |                                   |
| CITY - ST - ZIP  | RIVERVIEW FL 33569      |   | CITY - ST - ZIP                                       |  |                                   |
| TITLE  | D                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | JUDE, ALEXIS            |   | NAME  |  |                                   |
| STREET ADDRESS   | 11728 STONE WOODGATE RD |   | STREET ADDRESS  |  |                                   |
| CITY - ST - ZIP  | RIVERVIEW FL 33569      |   | CITY - ST - ZIP                                       |  |                                   |
| TITLE  | D                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | BONAMI, CALED           |   | NAME  |  |                                   |
| STREET ADDRESS   | 11728 STONE WOODGATE RD |   | STREET ADDRESS  |  |                                   |
| CITY - ST - ZIP  | RIVERVIEW FL 33569      |   | CITY - ST - ZIP                                       |  |                                   |
| TITLE  | D                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | ELIODOR, FRANCK A       |   | NAME  |  |                                   |
| STREET ADDRESS   | 11728 STONE WOODGATE RD |   | STREET ADDRESS  |  |                                   |
| CITY - ST - ZIP  | RIVERVIEW FL 33569      |   | CITY - ST - ZIP                                       |  |                                   |
| TITLE  |                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                         |   | NAME  |  |                                   |
| STREET ADDRESS   |                         |   | STREET ADDRESS  |  |                                   |
| CITY - ST - ZIP  |                         |   | CITY - ST - ZIP                                       |  |                                   |
| 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: <i>Nemours Desronvil NEMOURS DESRONVIL</i>  |                         |   | Date: <i>8/6/06</i> 813-672-4062                      |  |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                         |   | <small>Date</small>                                   |  |                                   |