


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N05000012390 1. Entity Name PREMIERE EGLISE BAPTISTE HAITIENNE DE RIVERVIEW INC.		
Principal Place of Business 11728 STONE WOODGATE RD RIVERVIEW FL 33569		Mailing Address 11728 STONE WOODGATE RD RIVERVIEW FL 33569
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
4. FEI Number 20-3924908		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent DESRONVIL, NEMOURS 11728 STONE WOODGATE RD 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
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	U00000651900 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESRONVIL, NEMOURS	NAME	03/09/07-80025-019 61.25
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 Section 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: *Nemours Desronvil* **NEMOURS DESRONVIL** 2/25/07 672-4062