

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008162

FILED  
Mar 23, 2007  
Secretary of State

**Entity Name:** FIRST FRENCH ADVENTIST CHURCH OF PALM BAY, INC.

**Current Principal Place of Business:**

512 REMBRANDT ST. SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

512 REMBRANDT ST. SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 20-4975528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIBERIS, IVENER  
512 REMBRANDT ST. SE  
PALM BAY, FL 32909 US

**Name and Address of New Registered Agent:**

CBS TAXES, LLC.  
1805 CANOVA ST  
2  
PALM BAY, FL 32909 US

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.

SIGNATURE: JOHN HOLDER

03/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIBERIS, IVENER  
Address: 512 REMBRANDT ST. SE  
City-St-Zip: PALM BAY, FL 32909

Title: VP ( ) Delete  
Name: EUGENE, JOSIAS  
Address: 1300 HEIDE AVE. NW  
City-St-Zip: PALM BAY, FL 32907

Title: DIR ( ) Delete  
Name: CHARLES, LARILSON  
Address: 976 LYONS CIRCLE NW  
City-St-Zip: PALM BAY, FL 32907

Title: DIR ( ) Delete  
Name: LAURENT, MARIE G  
Address: 878 CARNATION AVE. SE  
City-St-Zip: PALM BAY, FL 32909

Title: DIR ( ) Delete  
Name: MELIDOR, CHESNEL  
Address: 720 SEVEN GABLES CIRCLE SE  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVENER LIBERIS

P

03/23/2007

Electronic Signature of Signing Officer or Director

Date