

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008188

FILED
Apr 29, 2009
Secretary of State

Entity Name: L'EGLISE BAPTISTE CHRETIENNE DE ZION INC.

Current Principal Place of Business:

3241 OLD WINTER GARDEN RD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3241 OLD WINTER GARDEN RD.
ORLANDO, FL 32805

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CELIUS, IFRANEL
Address: 3241 OLD WINTER GARDEN RD.
City-St-Zip: ORLANDO, FL 32805

Title: VSD () Delete
Name: JOSEPH, ANTONIEL
Address: 3241 OLD WINTER GARDEN RD.
City-St-Zip: ORLANDO, FL 32805

Title: TD () Delete
Name: ALEXANDRE, PHARAMOND
Address: 3241 OLD WINTER GARDEN RD.
City-St-Zip: ORLANDO, FL 32805

Title: () Delete
Name:
Address:
City-St-Zip:

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: PT () Change (X) Addition
Name: JACOB, OLMEN
Address: 1217 ELINORE DR
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify 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: PASTOR OLMEN JACOB

PT

04/29/2009

Electronic Signature of Signing Officer or Director

Date