

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90036 035 \*\*\*\*61.25

40005760



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2815732

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

LEXINE, ESPERANT BISHOP  
1914 ORANGE AVE  
FT. PIERCE, FL 34950

**DO NOT WRITE  
IN THIS SPACE**

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

*Rev. Esperant Lexine*  
Signature, typed or printed name of registered agent and title if applicable (If not, Registered Agent signature required when reinstating)

1/14/2005

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LEXINE, ESPERANT  
106 N. 20TH STREET  
FT. PIERCE, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEXINE, SANDY  
106 N. 20TH STREET  
FT. PIERCE, FL 34950

~~TITLE~~  
~~NAME~~  
~~STREET ADDRESS~~  
~~CITY-ST-ZIP~~  
~~SD~~  
~~ESTIVIL, DANIEL~~  
~~106 N. 20TH STREET~~  
~~FT. PIERCE, FL 34950~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BAPTISTE, MERCILIER JN  
306 S. 13TH STREET  
FT PIERCE, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Eduige Belot  
106 N. 20th Street  
Ft. Pierce, FL 34950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Rev. Esperant Lexine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2005

466-8284  
Daytime Phone #