
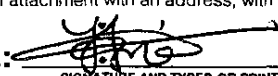


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90286 009 \*\*\*\*69.75

<b>DOCUMENT # N26835</b> <b>1. Entity Name</b> EGLISE EVANGELIQUE DE LA BIBLE, INC.			
<b>Principal Place of Business</b> 500 NORTHWEST 54 ST. BLDG MIAMI FL 33127 US		<b>Mailing Address</b> 500 NORTHWEST 54 ST. BLDG MIAMI FL 33127 US	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. (Same)		<b>3. Mailing Address</b> P.O. Box 69-4163 Suite, Apt. #, etc.	
<b>City &amp; State</b> City & State Miami Florida		<b>4. FEI Number</b> 65-0130494 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> Country 33269 DADE		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SATINE, YACINTHE 1068 N.W. 29TH TERRACE MIAMI FL 33127		<b>7. Name and Address of New Registered Agent</b> Name SATINE YACINTHE Street Address (P.O. Box Number is Not Acceptable) 271 N.W. 177 St. Apt #116 City Miami FL Zip Code 33169	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D SATINE, YACINTHE	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS	1068 N.W. 29TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUES, JEANNE 1068 N.W. 29TH TERRACE MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> MARIE JOSETTE MARTIAL 40 N.W. 47 St. MIAMI FL 33127 (Diaconesse)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEAN, FRANCOISE 130 N.E. 49 ST. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, VIERGELA 1203 N.W. 65 TERR. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
<b>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.</b>			
<b>SIGNATURE:</b> 		Rev. SATINE YACINTHE APR 11 2004 305,770-0560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #