


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46679</b>	
1. Entity Name PHILADELPHIA FUNDAMENTAL BAPTIST CHURCH INC.	

Principal Place of Business 1060 NE 5TH TER FORT LAUDERDALE, FL 33304	Mailing Address 3985 NW 35TH AVE FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent

ALTIDOR, JACQUES  
3985 NW 35TH AVE.  
LAUDERDALE LAKES, FL 33309

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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 Jacques Altidor Jacques Altidor Profor 4/25/05  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JADOTTE, CHARLES 2517 NW 9TH TERRACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD PIERRE, HAROLD JR 2537 NW 9TH TERRACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIEUMEME, MICHEL 3141 NW 47TH TERRACE APT #120 LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUVENISE, LOU B 1420 NW 2ND AVE. FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80140-003 8.75  
000000344507  
04/29/05-80140-004 61.25

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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: Harold J. Pierre Harold J. Pierre 4/25/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #