


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

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49283**

1. Entity Name  
**PREMIER L'EGLISE PENCOTISTE HAITIAN INTERNATIONAL, INC.**




|   |  |
|---|--|
| Principal Place of Business<br><b>1533 S. RIO GRANDE AVE<br/>         ORLANDO FL 32805-4440</b> | Mailing Address<br><b>1602 BREN LEE CT<br/>         ORLANDO FL 32805<br/>         US</b> |
|---|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                    |                    |
|--------------------|--------------------|
| Suite, Apt #, etc. | Suite, Apt #, etc. |
|--------------------|--------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E037 (11/03)

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>59-3184284</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**ARIS, ANIS  
 1602 BREN LEE CT.  
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                |                                 |
|--------------------------------|---------------------------------|
| TITLE NAME                     | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP |                                 |
| TITLE NAME                     | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP |                                 |
| TITLE NAME                     | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP |                                 |
| TITLE NAME                     | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP |                                 |
| TITLE NAME                     | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP |                                 |
| TITLE NAME                     | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                |   |
|--------------------------------|---|
| TITLE NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP |   |
| TITLE NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP |   |
| TITLE NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP |   |
| TITLE NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP |   |
| TITLE NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP |   |
| TITLE NAME                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP |   |

U00000077526  
 03/05/04-80046-006 75.00

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: Aris Aris 3/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #