


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 011 ****74.25

DOCUMENT # N49283 1. Entity Name PREMIER L'EGLISE PENCOTISTE HAITIAN INTERNATIONAL, INC.			
Principal Place of Business 1533 S. RIO GRANDE AVE ORLANDO FL 32805-4440		Mailing Address 1602 BREN LEE CT ORLANDO FL 32805 US	
2. Principal Place of Business - No P.O. Box # 1909 S. Rio Grande Ave Suite, Apt. #, etc.		3. Mailing Address 1602 Bren Lee CT Suite, Apt. #, etc.	
City & State Orlando, FL Zip: 32805		City & State Orlando, FL Zip: 32805	
4. FEI Number 59-3184284		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ARIS, ANIS	NAME	
STREET ADDRESS	1602 BRENLEE COURT	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32805	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JEAN, JEANNETTE	NAME	
STREET ADDRESS	648 W. 18TH ST	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32805	CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JEAN, ALIDE	NAME	
STREET ADDRESS	1602 BREN LEE COURT	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32805	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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STREET ADDRESS		STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Anis Aris</u> <u>ANIS ARIS</u> <u>2-6-2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			