

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90263 039 \*\*\*\*\*61.25

**DOCUMENT # N93000002145**

1. Entity Name  
**EGLISE BAPTISTE ADONAI, INC.**



Principal Place of Business  
**1299 NW 111TH ST  
MIAMI, FL 33167 US**

Mailing Address  
**1299 NW 111TH ST  
MIAMI, FL 33167 US**

**20040912**



**DO NOT WRITE IN THIS SPACE**

04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0417618** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VALCIN, MARIOT  
13119 SW 28 STREET  
MIRAMAR, FL 33027**

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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 \_\_\_\_\_  
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. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALCIN, MARIOT 13117 SW 28 STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN, FRANCIQUE 400 NE 137TH STREET # 208 NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUINY, JETAIME 1121 N.E.141 ST. NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANIS, JOSEPH S 1551 NW 132 TR. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *REV. MARIOT VALCIN - Mariot Valcin* *5/20/05 (305) 758-1001*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #