

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90213 032 ****61.25

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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

00014063



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number

65-0417618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALCIN, MARIOT
13119 SW 28 STREET 13117
MIRAMAR, FL 33027

**DO NOT WRITE
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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 17, 06 (301) 582-8552