


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001555 1. Entity Name EGLISE BAPTISTE DE LA RECONCILIATION, INC.	
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Principal Place of Business 1870 N STATE ROAD 7 MARGATE, FL 33063	Mailing Address 1870 N STATE ROAD 7 MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0365296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent JEAN-LOUIS, FRANTZ REV 5290 S.W. 8TH STREET MARGATE, FL 33068
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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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN-LOUIS, FRANTZ REV. 5290 S.W. 8TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELONY, ISAAC 1907 S.W. 81 TERRACE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CADET TOUSSAINT, MARIE 6300 S.W. 9TH PLACE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-LOUIS, MARIE 5290 S.W. 8TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARGINSON, LISETTE 5748 N.W. 31 AVE #102 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMELUS, DEACON ELIEZER 3108 BAYBERRY WAY MARGATE, FL 33063

U00000515801
04/29/06-80223-022 61.25

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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:  **FRANTZ JEAN-LOUIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-06
Date

(954) 968-5264
Daytime Phone #