

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90309 015 ****70.00

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1. Entity Name

EGLISE BAPTISTE MORIJA, HOUSE OF PRAYER, INC.



Principal Place of Business

535 NORTH WEST 97TH STREET
MIAMI FL 33150
US

Mailing Address

535 NORTH WEST 97TH STREET
MIAMI FL 33150
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0514941

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUSSAINT, LOUIS F
535 NORTH WEST 97TH STREET
MIAMI FL 33150

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TOUSSAINT, LOUIS F
STREET ADDRESS 535 NORTH WEST 97TH STREET
CITY-ST-ZIP MIAMI FL 33150

TITLE VPSD ☒ Delete
NAME MARCELIN, MARLENE
STREET ADDRESS 1941 NE 185 TER
CITY-ST-ZIP MAIMI FL

TITLE TD ☒ Delete
NAME DAUTRUCHE, JEAN D
STREET ADDRESS 535 NW 97 STREET
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☒ Change ☐ Addition
NAME Jacqueline Rameau
STREET ADDRESS 8420 NW 11 Street
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE TD ☒ Change ☐ Addition
NAME Germain B. Dazile
STREET ADDRESS 855 NE 173 Ter
CITY-ST-ZIP N. MIAMI, FL 33163

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Louis F Toussaint* Louis F Toussaint 4/3/06 305756109

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #