## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2008 8:00 am Secretary of State DOCUMENT # N94000001575 1. Entity Name 04-25-2008 90147 048 \*\*\*\*61.50 EGLISE BAPTISTE MORIJA, HOUSE OF PRAYER, INC. Principal Place of Business Mailing Address 535 NORTH WEST 97TH STREET 535 NORTH WEST 97TH STREET MIAMI FL 33150 MIAMI FL 33150 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suife, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0514941 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOUSSAINT, LOUIS F 535 NORTH WEST 97TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33150 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agont signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Transipalating are 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TOUSSAINT, LOUIS F NAME NAME 535 NORTH WEST 97TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition RAMEAU, JACQUELINE NAME NAME 8420 NW 11 ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition DAZILLE, GERMAIN B NAME MASAE 855 NE 173 TERR STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP MIAMI FL 33163 CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Deleté TITLE Change Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attact/puerit with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Dusauch

APRIL 12, 2008, 305757-6109

FILED