

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90002 045 ****70.00

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1. Entity Name
EGLISE EVANGELIQUE BAPTISTE PHILADELPHIE, INC.



Principal Place of Business
1000 NW 111 STREET
MIAMI, FL 33167 US

Mailing Address
P.O. BOX 680624
MIAMI, FL 33168

50053256



2. Principal Place of Business
1000 N.W. 111 Street
 Suite, Apt. #, etc.
Miami, Fla.
 City & State

3. Mailing Address
P.O. box 680624
 Suite, Apt. #, etc.
Miami, Fla.
 City & State

04202005 Chg-NP CR2E037 (10/03)

Zip
33167 Country
DADE Zip
33167 Country
Dade

4. FEI Number
65-0521261 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JEAN, AMOS
14601 NW 5TH AVENUE
MIAMI, FL

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25** Due by **May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	FLORESTAL, LEONEL	
STREET ADDRESS	1130 NW 116 TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISNER, ELIUS	
STREET ADDRESS	1000 NW 111 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNIDE, JOSEPH	
STREET ADDRESS	14601 NW 5 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JEAN, AMOS	
STREET ADDRESS	14601 NW 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, LEONEL	
STREET ADDRESS	1035 N.W. 126 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDO MANOLY	
STREET ADDRESS	15041 South River DR.	
CITY-ST-ZIP	MIAMI, FL. 33167	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLY EXHUME	
STREET ADDRESS	1000 N.W. 111 Street	
CITY-ST-ZIP	Miami, FL. 33167	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Amos Jean **AMOS JEAN** 5/30/05 (30) 773-2192
Signature and typed or printed name of signing officer or director Date Day/Mo/Phone #