
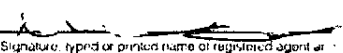


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004741 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0521261	
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 <div style="text-align: right;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent or applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/28/06	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORESTAL, LEONEL 1130 NW 116 TERR MIAMI FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISNER, ELIUS 1000 NW 111 STREET MIAMI FL 33168	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNIDE, JOSEPH 14601 NW 5 AVE MIAMI FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN, AMOS 14601 NW 5TH AVE MIAMI FL 33168	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, LEONEL 1035 N.W. 126 STREET MIAMI FL 33168	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO, MANOLY 15041 SOUTH RIVER DRIVE MIAMI FL 33167	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	



1st MOORE CR2E037 (10/05)

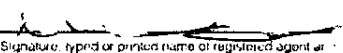
4. FEI Number **65-0521261** Applied For Not Applicable

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

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 **4/28/06**
Signature, typed or printed name of registered agent or applicable (NOTE: Registered Agent signature required when reinstating)

**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

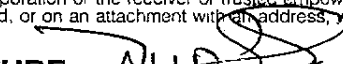
TITLE	D FLORESTAL, LEONEL	<input type="checkbox"/> Delete
NAME	1130 NW 116 TERR	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	D CHRISNER, ELIUS	<input type="checkbox"/> Delete
NAME	1000 NW 111 STREET	
STREET ADDRESS	MIAMI FL 33168	
CITY-ST-ZIP		
TITLE	D BERNIDE, JOSEPH	<input type="checkbox"/> Delete
NAME	14601 NW 5 AVE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	P JEAN, AMOS	<input type="checkbox"/> Delete
NAME	14601 NW 5TH AVE	
STREET ADDRESS	MIAMI FL 33168	
CITY-ST-ZIP		
TITLE	D JOSEPH, LEONEL	<input type="checkbox"/> Delete
NAME	1035 N.W. 126 STREET	
STREET ADDRESS	MIAMI FL 33168	
CITY-ST-ZIP		
TITLE	D FERNANDO, MANOLY	<input type="checkbox"/> Delete
NAME	15041 SOUTH RIVER DRIVE	
STREET ADDRESS	MIAMI FL 33167	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**000000562569
05/19/06-80060-014 61.25**

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  **4/28/06**