

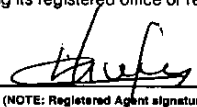
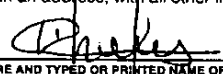


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000003733 1. Entity Name PREMIERE EGLISE BAPTISTE HAITIENNE DE JACKSONVILLE, INC.						FILED 05 JUN -1 AM 9:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 04-05 			
Principal Place of Business 705 MCDUFF AVENUE SOUTH JACKSONVILLE, FL 32205				Mailing Address 990 TOWNSEND BLVD. JACKSONVILLE, FL 32211					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 60964 Suite, Apt. #, etc.		05202005 REIN-NP CR2E099 (6/04)		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CHARLEUS, JACQUES 990 TOWNSEND BLVD. JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
Zip 32236		Country USA		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  May 27, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		FILE NOW!!! FEE IS \$122.50	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD <input type="checkbox"/> Delete NAME CHARLEUS, JACQUES STREET ADDRESS 990 TOWNSEND BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32211				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE VT <input type="checkbox"/> Delete NAME ALTEUS, JEAN PRESSOR STREET ADDRESS 7233 ADELE CT. CITY-ST-ZIP JACKSONVILLE, FL 32277				TITLE (Address change only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7353 LAWN TENNIS LANE STREET ADDRESS JACKSONVILLE, FLORIDA 32277 CITY-ST-ZIP					
TITLE TT <input type="checkbox"/> Delete NAME CHARLES, DEZIUS STREET ADDRESS 5800 BARNES RD #36 CITY-ST-ZIP JACKSONVILLE, FL 32216				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE TT <input type="checkbox"/> Delete NAME LEONEL, RESIGNAC JEAN STREET ADDRESS 5258 PLYMOUTH STREET CITY-ST-ZIP JACKSONVILLE, FL 32205				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete 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:  May 27, 2005 (904) 838-2063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									