

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

07-16-2007 90125 009 ****70.00

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08282007 Chg-NP. CR2E037 (12/06)

DOCUMENT # N95000003733 1. Entity Name PREMIERE EGLISE BAPTISTE HAITIENNE DE JACKSONVILLE, INC.			
Principal Place of Business 705 MCDUFF AVENUE SOUTH JACKSONVILLE, FL 32205		Mailing Address PO BOX 60964 JACKSONVILLE, FL 32236	
2. Principal Place of Business - No P.O. Box # 705 McDuff Ave S. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 60964 Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL Zip Country 32236 DuVAL		City & State JACKSONVILLE, FL Zip Country 32236 DuVAL	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSEL AUGUSTIN, JEAN 9536 PRINCETON SQUARE APT 2003 JACKSONVILLE, FL 32256		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 <u><i>for August</i></u> DATE <u>8/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		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	VD CHARLEUS, JACQUES 990 TOWNSEND BLVD. JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTEUS, JEAN PRESOIR 7353 LAWN TENNIS LANE JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHARLES, DEZIUS 5800 BARNES RD #36 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONEL, RESIGNAC JEAN 5258 PLYMOUTH STREET JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUGUSTIN, JEN ROUSSEL 9536 PRINCETON SQUARE, APT 2003 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER MICHAEL PAUL 2009 STABLE GATE LANE ORANGE PARK, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>JEAN E. AUGUSTIN</i></u> <u>8/18/07</u> <u>(904)304-8117</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			