


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90029 008 \*\*\*\*61.25

**DOCUMENT # N95000005984**

1. Entity Name  
**EGLISE BAPTISTE HAITIENNE BETHLEEM, INC.**



Principal Place of Business  
**425 CRESCENT DR  
 LAKE PARK, FL 33403**

Mailing Address  
**425 CRESCENT DR  
 LAKE PARK, FL 33403**

**50059019**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07272005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**65-0637177**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EGLISE BAPTISTE HAITIENNE BEHLEHEME  
 425 CRESCENT DRIVE  
 LAKE PARK, FL 33403**

7. Name and Address of New Registered Agent

Name **Elisner Chevelon**

Street Address (P.O. Box Number is Not Acceptable)  
**729 MAGNOLIA DR.**

City **Lake Park** FL Zip Code **33403**

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 \$61.25  
 Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BAPTISTE, NERZICHUS 615-FORESTERI DR. LAKE PARK, FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YDD FENELUS, MERILES 2557 EVESBROOK RD. WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGER, IMELES 551 SABAL PALM DRIVE LAKE PARK, FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENESTAN, EOLRENE 5885 CAYMAN CIR E W. PALM BCH., FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERALEM, DOMINIQUE 145 SYPRESS DR. LAKE PARK, FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elisner Chevelon 729 MAGNOLIA DR. Lake Park 33403-2008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elisner Chevelon 7/27/05 561-845-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #