

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

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90029 020 \*\*\*\*70.00

**DOCUMENT # N96000006300**

**1. Entity Name**

**CHRISTIAN BAPTISTE CHURCH OF CANAAN, INC.**



**Principal Place of Business**

**5880 NE 4TH AVE  
MIAMI, FL 33137**

**Mailing Address**

**213 N.E. 107TH STREET  
MIAMI, FL 33161**

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OSLER, JOSEPH  
213 NE 107 ST.  
MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>DESENTANT, JOSEPH</b>
<b>STREET ADDRESS</b>	<b>314 NE 115 ST.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33161</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SALVADOR, MARIE</b>
<b>STREET ADDRESS</b>	<b>110 NW 136 ST.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33168</b>
<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>JOSEPH, OSLER</b>
<b>STREET ADDRESS</b>	<b>213 NE 107 ST.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33161</b>
<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ACCIUS, TONY M</b>
<b>STREET ADDRESS</b>	<b>14925 NE 6 PLACE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33161</b>
<b>TITLE</b>	<b>TR</b>
<b>NAME</b>	<b>OSIDE, OGE AVELLGEUNE, GENS</b>
<b>STREET ADDRESS</b>	<b>711 NE 137 ST 790 NW 140th TERRACE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33161 MIAMI FL 33168</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SALVADOR, ULRICK</b>
<b>STREET ADDRESS</b>	<b>1110 NW 136 ST.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33168</b>

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/05**

Date

Daytime Phone #