



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 A
Secretary of State**

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			
		 03082006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing 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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESENTANT, JOSEPH 314 NE 115 ST. MIAMI, FL 33161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVADOR, MARIE 110 NW 136 ST. MIAMI, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, OSLER 213 NE 107 ST. MIAMI, FL 33161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACCIUS, TONY M 14925 NE 6 PLACE MIAMI, FL 33161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AVELLGEUNE, GENS 790 NW 140TH AVE MIAMI, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVADOR, ULRICK 1110 NW 136 ST. MIAMI, FL 33168		
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>Osler Joseph</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-18-06</u> <small>Daytime Phone #</small>	