


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000183

1. Entity Name
EGLISE BAPTISTE HAITIENNE DE LA GRACE, INC.



FILED
06 MAY 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 816753
HOLLYWOOD, FL 33081

Mailing Address
P.O. BOX 816753
HOLLYWOOD, FL 33081



2. Principal Place of Business

3. Mailing Address
3146 N.W. 68th Street

Suite, Apt. #, etc.
Suite No. 1

City & State
Ft. Lauderdale, Florida

Zip
33309-1206

Country
USA

05152006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0776771

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIGAN, LUCDEL L
631 SW 68TH TERRACE
PEMBROKE PINES, FL 33023

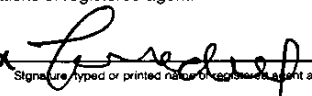
7. Name and Address of New Registered Agent

Name
Lucdel L. Harrigan

Street Address (P.O. Box Number is Not Acceptable)
2201 NW 93rd Avenue

City
Pembroke Pines FL Zip Code
33024

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:  **Lucdel L. Harrigan** DATE: **05/01/2006**

Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstated.)

Filing Fee is **\$61.25** Due by **September 6, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSPD HARRIGAN, LUCDEL L 631 S.W 68TH TERRACE PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEURIMA, CLEOBERT 440 NORTHWEST 40TH COURT, #2 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERRE, JEAN 2300 SW 43AVE PLANTATION, FL 33371 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAEO RODRIQUEZ, CLIFTON H 3146 N.W. 68 ST. STE.1 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/31/06--01010--010 **123.00

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:  **Lucdel L. Harrigan** DATE: **05/01/06** (954) 554-6844

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