

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 006 ****66.25

DOCUMENT # N98000000504

1. Entity Name

Christian Unity Baptist Church Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 W. OAKland PK

Suite, Apt. #, etc.

Bldg # 200

City & State

Wilton Manor

Zip

33311

Country

USA

3. Mailing Address

4281 NW 41st #119

Suite, Apt. #, etc.

Laud-Lakes - FL.

City & State

Zip

33319

Country

USA

40084895

CR2E037B (8/05)

4. FEI Number

65-0839854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rodrigue Noel

Street Address (P.O. Box Number is Not Acceptable)

4281 NW 41st #119

City

Laud-Lakes

FL

Zip Code

33319

**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

FEE IS \$61.25
Initial or Amended AR

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
Pastor
Rodrigue Noel
4281 NW 41st #119
Laud-Lakes - FL. 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Julienne Munice
1530 NW 5th Ave
Ft-Laud - FL. 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Deacon
Rozias Orteus
850 E. Commercial Blvd #151
Oakland PK FL. 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Israelite Noel
4281 NW 41st #119
Laud-Lakes - FL. 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Treasurer
Rose-Marie Philistin
9872 NW 48th
Coral Springs - FL. 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rodrigue Noel Rodrigue Noel 4-23-07 954-484-9860