

FILE NOW: FILING FEE IS \$61.25

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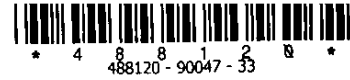
NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000641

1. Corporation Name
PREMIERE EGLISE BAPTISTE EBEN-EZER D'ORLANDO, IN C.



Principal Place of Business
 1906 WEST LEE ROAD
 ORLANDO FL 32810

Mailing Address
 1906 WEST LEE ROAD
 ORLANDO FL 32810



2. Principal Place of Business

21 3403 N Pine Hills Rd
 Suite, Apt. #, etc.

2a. Mailing Address

26 3403 N Pine Hills Rd
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 02/02/1998

4. FEI Number
 59-3507988
 Applied For
 Not Applicable

23 Orlando, FL
 City & State
 Zip Country

28 Orlando, FL
 City & State
 Zip Country

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

24 32808 25 Orange
 Zip Country

29 32808 30 Orange
 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MICHAUD, PIERRE A
 1906 WEST LEE ROAD
 ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Pierre A Michaud*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAUD, PIERRE A	
STREET ADDRESS	1906 WEST LEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIogene, FALETH	
STREET ADDRESS	4820 DONOVAN STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESTIN, JOSEPH K	
STREET ADDRESS	3417 PIPES-O-THE-GLENN WAY	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pierre A Michaud*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (407)291-1737
 Date Daytime Phone #

CR2E037 (11/98)