


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000641


1. Entity Name
PREMIERE EGLISE BAPTISTE EBEN-EZER D'ORLANDO, INC.



Principal Place of Business Mailing Address

3403 N PINE HILLS RD **3403 N PINE HILLS RD**
ORLANDO, FL 32808 **ORLANDO, FL 32808**

DO NOT WRITE IN THIS SPACE



07052004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3507988 Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAUD, PIERRE A
1906 WEST LEE ROAD
ORLANDO, FL 32810

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | MICHAUD, PIERRE A |
| STREET ADDRESS | 1906 WEST LEE ROAD |
| CITY- ST- ZIP | ORLANDO, FL 32810 |
| TITLE | D |
| NAME | DIogene, FALETH |
| STREET ADDRESS | 4820 DONOVAN STREET |
| CITY- ST- ZIP | ORLANDO, FL 32808 |
| TITLE | D |
| NAME | DESTIN, JOSEPH K |
| STREET ADDRESS | 3417 PIPES-O-THE-GLENN WAY |
| CITY- ST- ZIP | ORLANDO, FL 32806 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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 07/12/04-80016-004 61.25

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Faleth Diogene* *07-06-04*

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