


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90003 035 ****61.25

DOCUMENT # N98000000641

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



Principal Place of Business
**3403 N PINE HILLS RD
 ORLANDO, FL 32808**

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

40026266

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3507988

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**1 EGLISE BAPTISTE EBEN ETER
 3403 N PINE HILLS RD
 ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Pierre A. Michaud* **02-22-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #