


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3507988</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
 Due by May 1, 2008**

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

UN00000851068  
 03/25/08-80023-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAUD, PIERRE A 1908 WEST LEE ROAD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIOGENE, FALETH 4820 DONOVAN STREET ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESTIN, JOSEPH K 3417 PIPES-O-THE-GLENN WAY ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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* **02-19-08** **407-284-7060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #