2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2004 08:00 AM Secretary of State DOCUMENT # N99000004255 1. Entity Name EGLISE BAPTISTE IMMANUEL DES FRERES UNIS. INC. Principal Place of Business Mailing Address 1171 SUNSET TRIP SUNRISE FL 33313 4044 INVERRARY DR. LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-1020507 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERY, ROBERT REV Street Address (P.O. Box Number is Not Acceptable) 4044 INVERRORY DR. LAUDERHILL FL 33319 City 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 binned name of registored agent and little if applicable (NOTE: Registered Agent signature required when reinstalling): DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete DIE ☐ Change ☐ Addition DIEURESTIL, NICOL U00000066251 NAME NAME 1352 NE 13 CT. 02/26/04-80007-014 70.00 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CHERY, MISROEL NAME NAME 231 N.W. 19 ST. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY - ST- ZIP CITY-ST-ZIP TA ☐ Delete TITLE TITLE Change ☐ Addition PIERRE-LOUIS, MACCIA NAME NAME 800 OLEANDER DR. STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIERRE, RONALD NAME NAME 2740 SOMERSET DR.APT #116 STREET ADDRESS STREET ADDRESS LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition CAROSCO, JONATHAS NAME NAME 2850 SUNRISE LAKES DR. #201 STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIE CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition PIERRE, DANIEL NAME NAME 3813 EAST WOOD SCAPE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-78P CITY - ST-ZIP 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.

FILED

. 20,04