

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90200 043 ****61.25

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02022005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000004255			
1. Entity Name EGLISE BAPTISTE IMMANUEL DES FRERES UNIS, INC.			
Principal Place of Business 1171 SUNSET TRIP SUNRISE, FL 33313		Mailing Address 4044 INVERRARY DR. LAUDERHILL, FL 33319	
2. Principal Place of Business <i>1171 Sunset Trip</i>		3. Mailing Address <i>The same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lauderhill, Florida</i>		City & State	
Zip <i>33313</i>		Country	
4. FEI Number 65-1020507		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERY, ROBERT REV 4044 INVERRARY DR. LAUDERHILL, FL 33319		7. Name and Address of New Registered Agent Name <i>THE SAME</i> 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 <i>Robert Chery, Pastor</i>		DATE <i>02, 12, 05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIEURESTIL, NICOL 1352 NE 13 CT. FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHERY, MISROEL 231 N.W. 19 ST. POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA PIERRE-LOUIS, MACCIA 800 OLEANDER DR. PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA <i>Robens chery</i> <i>4044 INVERRARY DR.</i> <i>LAUDERHILL, FL 33319</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, RONALD 2740 SOMERSET DR. APT #116 LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA CAROSCO, JONATHAS 2850 SUNRISE LAKES DR. #201 SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS PIERRE, DANIEL 3813 EAST WOOD SCAPE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date <i>02-12-05</i> Daytime Phone # <i>954-733-2030</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			