

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State


02-27-2006 90113 001 ****61.25
 02-27-2006 90113 002 *****8.75

66002565



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1. Entity Name
EGLISE BAPTISTE IMMANUEL DES FRERES UNIS, INC.



Principal Place of Business
**1171 SUNSET TRIP
 LAUDERHILL, FL 33313**

Mailing Address
**1171 SUNSET TRIP
 LAUDERHILL, FL 33313**

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1020507

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**CHERY, ROBERT REV
 4044 INVERRORY DR.
 LAUDERHILL, FL 33319**

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 _____ DATE _____
Signature, hand printed name of registered agent and the filer is required. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME	P DIEURESTIL, NICOL	<input type="checkbox"/> Delete
STREET ADDRESS	1352 NE 13 CT.	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304	
TITLE NAME	T CHERY, MISROEL	<input type="checkbox"/> Delete
STREET ADDRESS	231 N.W. 19 ST.	
CITY- ST- ZIP	POMPANO BEACH, FL 33060	
TITLE NAME	TA ROBENS, CHERY	<input type="checkbox"/> Delete
STREET ADDRESS	4044 INVERRORY DR	
CITY- ST- ZIP	LAUDERHILL, FL 33319	
TITLE NAME	S PIERRE, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	2740 SOMERSET DR APT #116	
CITY- ST- ZIP	LAUDERDALE, FL 33311	
TITLE NAME	MA CAROSCO, JONATHAS	<input type="checkbox"/> Delete
STREET ADDRESS	2850 SUNRISE LAKES DR. #201	
CITY- ST- ZIP	SUNRISE, FL 33322	
TITLE NAME	SS PIERRE, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	3813 EAST WOOD SCAPE	
CITY- ST- ZIP	MIRAMAR, FL 33023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Daniel Pierre P	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
STREET ADDRESS	4174 INVERRORY DR # 307	
CITY- ST- ZIP	Lauderhill, FL 33319	
TITLE NAME	Nicol Dieurestil VP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
STREET ADDRESS	4191 No.W 21st	
CITY- ST- ZIP	Lauderhill, FL 33313	
TITLE NAME	Misraael Chery T	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
STREET ADDRESS	1784 N.E 3AVE	
CITY- ST- ZIP	Pompano Beach, FL 33304	
TITLE NAME	Joseph Anselme TA	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
STREET ADDRESS	9813 No.W 75 ct	
CITY- ST- ZIP	Tamarac, Fla 33321	
TITLE NAME	Ronald Pierre S	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
STREET ADDRESS	5654 BLUE BERRY ct	
CITY- ST- ZIP	Lauderhill, FL 33313	
TITLE NAME	Jonathas Carasco SS	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
STREET ADDRESS	2850 SUNRISE LAKES DR #201	
CITY- ST- ZIP	SUNRISE, FL 33322	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ State/Province _____