

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

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004255**  
 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
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1020507	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
 CHERY, ROBERT REV  
 4044 INVERRORY DR.  
 LAUDERHILL, FL 33319

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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 Robert Chery, Pastor (NOTE: Registered Agent signature required when reinstating) DATE 02-07-08

Filing Fee is \$61.25   
 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERRE, DANIEL 4174 INVERRORY DR #307 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREURESTIL, NICOL 4191 NW 21ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHERY, MISRAEL 1784 NE 3 AVE POMBANO BEACH, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA ANSELME, JOSEPH 9813 NORTH W. 75 CT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, RONALD 5654 BLUE BERRY CT LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS CARASCO, JONATHAS 4850 SUNRISE LAKES DRIVE , #201 SUNRISE, FL 33322

U00000825004  
 02/20/08-80099-021 70.00

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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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #