

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006872**

1. Entity Name  
EGLISE EVANGELIQUE BAPTISTE DE NAZARETH, INC.



Principal Place of Business

1551 NW 47 AVE  
FORT LAUDERDALE, FL 33313

Mailing Address

1551 NW 47 AVE  
FORT LAUDERDALE, FL 33313



07032006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0961612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTOINE, ANTOINE M  
6270 NW 13 ST  
SUNRISE, FL 33313

**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

*Antoine M. Antoine*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07/05/06

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000568821  
07/11/06-80002-002 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JEAN FRANCOIS, THOMAS  
1101 TENNESSEE AVENUE  
FORT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JEAN PIERRE, MICHEL  
301 NE 43 STREET  
OAKLAND PARK, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DESRAVINES, WILLIAM  
1172 TENNESSEE AVE  
FORT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EUGENE, JOSELYN  
1610 NW 2 AVENUE  
FORT LAUDERDALE, FL 33311

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:

*William*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06

Date

(904) 249-9042

Daytime Phone #