

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 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**



01212007 No Chg-NP CR2E037 (4/06)

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JEAN FRANCOIS, THOMAS
STREET ADDRESS	1101 TENNESSEE AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	TD
NAME	JEAN PIERRE, MICHEL
STREET ADDRESS	301 NE 43 STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33304
TITLE	TD
NAME	DESRAVINES, WILLIAM
STREET ADDRESS	1172 TENNESSEE AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	EUGENE, JOSELYN
STREET ADDRESS	1610 NW 2 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/07-80054-022 61.25

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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: *Antoine M. Antoine, Pastor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-07 (954) 584-1172
Date Daytime Phone #