

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 754899	
1. Entity Name HAITIAN EVANGELICAL BAPTIST CHURCH, INC.	
Principal Place of Business 14455 MEMORIAL HWY NORTH MIAMI, FL 33161 US	Mailing Address 14455 MEMORIAL HWY NORTH MIAMI, FL 33161 US



DO NOT WRITE IN THIS SPACE

04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 94-3086686	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 EUGENE, FRANTZ D REV 7818 EMBASSY MIRAMAR, FL 33023
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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 MOISE, JEAN C 10804 NW 2ND AVE. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V HYPPOLITE, JONATHAN 7624 DILDO BLVD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T JEAN, LUC 551 NW 183RD TERRACE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CD PAUL, JEAN MICHAEL 438 NE 165 STREET NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST- ZIP	M CALIXTE, HAROLD 6729 CAMELIA DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD HYPPOLITE, JONATHAN 7624 DILIDO BLVD. MIRAMAR, FL 33023

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04/22/05-80100-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jonathan Hyppolite* *Jonathan Hyppolite* *4/20/05* *(305) 691-7771 x2134*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #