

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 027 ****66.25

DOCUMENT # N02000003631

1. Entity Name
TEMPLE CREST HAITIAN BAPTIST CHURCH, INC.



Principal Place of Business
8425 NORTH 40TH STREET
TAMPA, FL 33604

Mailing Address
27812 BREAKERS DRIVE
WESLEY CHAPEL, FL 33543

20042974



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3564673	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THESEE, JACQUES
27812 BREAKERS DRIVE
WESLEY CHAPEL, FL 33543

**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: JACQUES THESEE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

4-18-05

**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	S THESEE, MARIE CARMEL 27812 BREAKERS DRIVE WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SAINTYL, MARLENE 8425 N. 40TH STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYPPOLITE, JORDANES 4603 POMPANO DR. TEMPLE TERRACE, FL 33617

**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)(i), 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: JACQUES THESEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05