2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003631

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

Principal Place of Business	Mailing Address
8425 NORTH 40TH STREET TAMPA, FL 33604	27812 BREAKERS DRIVE WESLEY CHAPEL, FL 33543

04272006 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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05/13/06-80041-006 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: JACQUES THESEE 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #