

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006895

FILED  
Feb 17, 2007  
Secretary of State

Entity Name: HAITIAN FELLOWSHIP CHURCH, INC.

**Current Principal Place of Business:**

2300 NW 22ND. STREET  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

7004 NW 63RD. STREET  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 74-3101038      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMOUR, JOEL  
7004 NW 63RD. STREET  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: VENEUS, MIKEL  
Address: 6900 SW 18TH. CT  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: D      ( ) Delete  
Name: JOEL, NORDELUS  
Address: 2701 NE 2ND. AVE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: D      (X) Delete  
Name: CADET, JULIEN  
Address: 5841 NW 15TH. CT  
City-St-Zip: SUNRISE, FL 33313 US

Title: P      ( ) Delete  
Name: LAMOUR, JOEL  
Address: 7004 NW 63RD. STREET  
City-St-Zip: TAMARAC, FL 33321 US

Title: D      ( ) Delete  
Name: CHAUVET, ALTIERY  
Address: 631 KATHY LANE, APT. # D  
City-St-Zip: MARGATE, FL 33068 US

Title: D      ( ) Delete  
Name: ELUSME, ELICIEN  
Address: 904 SW 10TH DR. #3  
City-St-Zip: POMPANO BEACH, FL 33060 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ELUSME, ELICIEN  
Address: 630 BEACH AVE. SOUTH  
City-St-Zip: LEHIGH ACRES, FL 33936 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL LAMOUR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

02/17/2007

\_\_\_\_\_  
Date