## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N96000004669 1. Entity Name 04-26-2004 90458 023 \*\*\*\*70.00 L'EGLISE BETHEL BAPTISTE DE LA COMMUNAUTE HAITIENNE, INC. Principal Place of Business Mailing Address 6060 KIMBERLY BLVD 6060 KIMBERLY BLVD NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 Principal Place of Business 3. Mailing Address *5001* S U Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For UA Klana 65-0702199 mar Ga Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required /15<del>11</del> 30*68* Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERRE PIERRE-LOUIS, FORTIMIL Street Address (P.O. Box Number is Not Acceptable) 5001 SW 12TH STREET MARGATE FL 33068 Zio Code 3068 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2004 Trust Fund Contribution. Added to Fees Fiorida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE THE ☐ Change Addition PIERRE-LOUIS. FORTIMIL NAME NAME 5001 SW 12TH ST STREET ADDRESS STREET ADDRESS MARGATE FL 33068 CITY-ST-ZIP CITY-ST-ZIP Youel Simon 2915 Nw 21 AVE TITLE TITLE Change Delete Addition DELVARICE, HOLSDER NAME 399 SW 64 TERRACE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33068 Oakland Park Fl. 33311 CITY-ST-ZIP CITY-ST-ZIP LOUIS Jeune Lecitime Thange 2917 NW 21st AVE 💢 Delete TITLE Addition ROCK:-THEODULE-NAME 1721 SW 65TH AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33068 Oakland Park F CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ANDR, NORVIUS NAME NAME 12167 NW 46TH ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-7IP CITY-ST-ZIP TITI F □ Delete TITLE ☐ Change Addition DORT, ANNE-VIERGE NAME NAME 5060 KIMBERLY BLVD. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33068 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: Testimie Rosse - Jouis FORTIMI PIERRE-LOUIS (04-20-04) 954 249 2208