

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90409 013 ****75.00

DOCUMENT # N96000005389

1. Entity Name

MOUNT HOREB HAITIAN EVANGELIC CHURCH, INC. OF
THE C.M.A.



Principal Place of Business

2861 NW 19 STREET
CHURCH BUILDING
FT. LAUDERDALE FL 33311

Mailing Address

P.O. BOX 23900
FT. LAUDERDALE FL 33307

2. Principal Place of Business

2861 NW 19 Street

Suite, Apt. #, etc.

Church Building

City & State

Fort-Lauderdale Florida

Zip
33311

Country

Broward

3. Mailing Address

P.O. Box 23900

Suite, Apt. #, etc.

N/A

City & State

Fort-Lauderdale FL

Zip
33311

Country

Broward



MOORE

CR2E037 (11/03)

4. FEI Number

65-0704712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUVRA, IVALIER
2024 NW 12 AVE
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name DUVRA, IVALIER

Street Address (P.O. Box Number is Not Acceptable)

2024 NW 12 Avenue

City

Fort-Lauderdale

FL

Zip Code

33311

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

DUVRA, IVALIER, Pastor Administrator

04-11-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME DUVRA, IVALIER ☐ Delete
STREET ADDRESS 2024 NW 12TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE CD
NAME FORESTAL, CHANAIRE ☐ Delete
STREET ADDRESS 727 NORTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE S
NAME EXILIA, DESIR ☐ Delete
STREET ADDRESS 2625 N.W. 9 AVE.
CITY-ST-ZIP WILTON MANOR FL 33311

TITLE T
NAME VENITASE, MICHAEL ☐ Delete
STREET ADDRESS 406 NW 16 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE CD
NAME DUVRA, MARIE-EDECE ☐ Delete
STREET ADDRESS 2024 N.W. 12 AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE M
NAME DUMAY, JEAN-EVENS ☐ Delete
STREET ADDRESS 2230 N.W. 60 AVE.
CITY-ST-ZIP LAUDERHILL FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition
NAME DUVRA, IVALIER
STREET ADDRESS 2024 NW 12 Avenue
CITY-ST-ZIP Fort-Lauderdale Florida 33311

TITLE CD ☐ Change ☐ Addition
NAME Forestal, Chanoine
STREET ADDRESS 727 North Andrews Avenue
CITY-ST-ZIP Fort-Lauderdale Florida 33311

TITLE S ☐ Change ☐ Addition
NAME Exilia, Desir
STREET ADDRESS 2625 N.W. 9 Avenue
CITY-ST-ZIP Wilton Manor FL 33311

TITLE T ☐ Change ☐ Addition
NAME Venitase, Michael
STREET ADDRESS 406 NW 16 Street
CITY-ST-ZIP Fort-Lauderdale FL 33311

TITLE CD ☐ Change ☐ Addition
NAME DUVRA, MARIE-EDECE
STREET ADDRESS 2024 NW 12 Avenue
CITY-ST-ZIP Fort-Lauderdale FL 33311

TITLE M ☐ Change ☐ Addition
NAME Dumay, Jean-Evens
STREET ADDRESS 2230 NW 60 Avenue
CITY-ST-ZIP LAUDERHILL FL 33313

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:

DUVRA, IVALIER

04-11-04 954-588-0915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #