2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002674

1. Entity Name
FIRST HAITIAN BAPTIST CHURCH OF NORTH LAUDERDALE, INC.

Principal Place of Business	Mailing Address
1350 SOUTH STATE ROAD 7 NORTH LAUDERDALE, FL 33068	1350 SOUTH STATE ROAD 7 NORTH LAUDERDALE, FL 33068

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03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0433035
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILIPPE, WILLEM
1350 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068

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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: Willem Philippi, Pastor — 3/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	PD
NAME	PHILIPPI, WILLEM PASTOR
STREET ADDRESS	1350 SOUTH STATE ROAD 7
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	DV
NAME	LOSIER, BERNARD
STREET ADDRESS	7902 SW 9 ST
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	D
NAME	PHILLIPPI, JESULIA
STREET ADDRESS	7523 KIMBERLY BLVD
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	D
NAME	COLIN, ORELIA
STREET ADDRESS	1350 SR 7
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Willem Philippi — 3/24/05 — (954) 721-5587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #