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

FILED
Jun 08, 2004 8:00 am
Secretary of State
04-29-2004 90237 037 ****70.00

DOCUMENT # 754899

1. Entity Name

HAITIAN EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
800 NW 14TH STREET MIAMI FL 33136 US	PO BOX 694970 MIAMI FL 33269

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
14455 Memorial Hwy	14455 Memorial Hwy
Suite, Apt. #, etc. North Miami, FL	Suite, Apt. #, etc. North Miami FL
City & State	City & State
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number 94-3086686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THONY, FERNALD 16801 NE 14 AVE 105 N MIAMI FL 33162 Rev. Frantz D Eugene 7818 Embassy Miramar, FL 33023	Name: Rev. Frantz D Eugene Street Address (P.O. Box Number is Not Acceptable): 7818 Embassy Blvd City: Miramar. FL Zip Code: 33023

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] 4/23/04

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOISE, JEAN C 10804 NW 2ND AVE. MIAMI FL 33168	☐ Delete	TITLE C/D NAME Jean Michael Paul STREET ADDRESS 438 NE 165 St CITY-ST-ZIP N. Miami, FL 33162	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HYPPOLITE, JONATHAN 7624 DILDO BLVD MITAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEAN, LUC 551 NW 183RD TERRACE MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EUGENE, FRANTZ D 7818 FAIRWAY BVLD MIRAMAR FL 33023	☑ Delete	TITLE S/D NAME Jeana Hyppolite, Jonathan STREET ADDRESS 7624 Dildo Blvd CITY-ST-ZIP Miramar, FL 33023	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CALIXTE, HAROLD 6729 CAMELIA DRIVE MIRAMAR FL 33025	☐ Delete	TITLE T NAME Suhana V. Moise STREET ADDRESS 1050 NW 196 Terr CITY-ST-ZIP Miami FL 33169	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARIUS, CAROL A 8801 N CRESCENT DR MIRAMAR FL 33025	☑ Delete	TITLE M NAME Benito Raymonvil STREET ADDRESS 1432 NW 115 St CITY-ST-ZIP Miami, FL 33167	☐ Change	☑ Addition

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: Jonathan Hyppolite 4/04/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #