2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2006 8:00 am Secretary of State DOCUMENT # N34000004979 03-03-2006 90118 020 ****61.25 HAITIAN BAPTIST EMMAUS OF FT. PIERCE, INC. Principal Place of Business Mailing Address P.O. BOX 124 1205 ORANGE AVE FT. PIERCE FL 34956 FT PIERCE FL 34954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0578408 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATTEGRAIN, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 2804 FAIRWAY DRIVE FT. PIERCE FL 34982 Zip Code 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HYMONY TATTEGRATCHANGE ST 2804 FAIRWAY DY FORT PIERCE FILM 34989 TATTEGRAIN, RAYMOND Change Co Delete TITLE TITLE NAME NAME 3200 S. 7TH STREET, LOT 126 STREET ADDRESS STREET ADDRESS FT. PIERCE/FL 34982 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition BOCICOT, ANTIONE NAME NAME 1012 ORANGE AVE. STREET ADDRESS STREET ADDRESS FT. PIERCE FL 34954 CITY-ST-7(P CITY-ST-ZIP TITLE. Delete TITLE ☐ Addition MONTANA, ANDRE NAME NAME STREET ADDRESS PO BOX 124 STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34954 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PHILLIPS, DANIEL JR STREET ADDRESS PO BOX 124 STREET ADDRESS FORT PIERCE FL 34954 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

2-21-06

FILED