

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005014

**Entity Name:** HAITIAN MISSION EVANGELICAL MELCHISSEDECK, INC.

**Current Principal Place of Business:**

5895 SAINT AUGUSTINE RD  
8  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5895 SAINT AUGUSTINE RD  
8  
JACKSONVILLE, FL 32207 US

**FEI Number:** 31-1815810

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FONTHUS, APOLOS REV.  
2150 EMERSON ST  
121  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:** FONTHUS, APOLOS

05/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FONTHUS, APOLOS  
Address 2150 EMERSON ST  
121  
City-State-Zip: JACKSONVILLE FL 32207

Title TD  
Name FONTHUS, MARIE K  
Address 2150 EMERSON ST  
121  
City-State-Zip: JACKSONVILLE FL 32207

Title SD  
Name JEAN, MARIE A  
Address 317 SW 1ST STREET  
City-State-Zip: DELRAY BEACH FL 33444

Title D  
Name FONTHUS, KERLENS  
Address 2067 LINTON BLVD  
4  
City-State-Zip: JACKSONVILLE FL 33445

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** APOLOS FONTHUS

**PRESIDENT**

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date