

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005014

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

**Current Principal Place of Business:**

2943 SPRING PARK RD  
606  
JACKSONVILLE, FL 33444

**Current Mailing Address:**

2943 SPRING PARK RD  
606  
JACKSONVILLE, FL 33444

**FEI Number:** 31-1815810

**Certificate of Status Desired:** No

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

FONTHUS, APOLOS REV.  
2943 SPRING PARK ROAD  
606  
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

01/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FONTHUS, APOLOS REV.  
Address 2943 SPRING PARK ROAD #606  
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 TD  
Name FONTHUS, MARIE K  
Address 2943 SPRING PARK ROAD 606  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name FONTHUS, KERLENS  
Address 2104 JERNIGAN RD #1  
City-State-Zip: JACKSONVILLE FL 32207

*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**

01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date