

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003651

Entity Name: CABARET, HAITI MISSION, INC.

Current Principal Place of Business:

2700 UNIVERSITY BLVD SOUTH
SUITE H
JACKSONVILLE, FL 32216

FILED
Mar 17, 2020
Secretary of State
1003870224CC

Current Mailing Address:

2700 UNIVERSITY BLVD SOUTH
SUITE H
JACKSONVILLE, FL 32216 US

FEI Number: 47-1880469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE JACKSONVILLE BAPTIST ASSOCIATION, INC.
2700 UNIVERSITY BOULEVARD S
JACKSONVILLE, FL 32216 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name REMINGTON, CHARITY
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name BENTON, LINDA
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SEAGLE, MARK
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title CLERK
Name SPEARS, APRIL
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name FOSS, SHANE
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name HALEY, ADAH
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN
Name NICHOLSON, JOSEPH
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name HOLCOMB, REBECCA
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

Continues on page 2

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: ADAH HALEY

TREASURER

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE TREASURER
Name DAVIS, JAMES
Address 2700 UNIVERSITY BLVD SOUTH
 SUITE H
City-State-Zip: JACKSONVILLE FL 32216