

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003651

FILED
Jan 16, 2018
Secretary of State
CC6781389989

Entity Name: CABARET, HAITI MISSION, INC.

Current Principal Place of Business:

2700 UNIVERSITY BLVD SOUTH
SUITE H
JACKSONVILLE, FL 32216

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 HARB, NOVA
Address 2700 UNIVERSITY BLVD SOUTH
 SUITE H
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

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

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

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

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

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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: DOUGLAS FLICK

TREASURER

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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