

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003651

**Entity Name:** CABARET, HAITI MISSION, INC.

**Current Principal Place of Business:**

1140 KINGSLEY AVE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1140 KINGSLEY AVE  
ORANGE PARK, FL 32073 US

**FEI Number:** 47-1880469

**Certificate of Status Desired:** No

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

THE JACKSONVILLE BAPTIST ASSOCIATION, INC.  
3740 ST JOHNS BLUFF ROAD SOUTH  
SUITE 4  
JACKSONVILLE, FL 32224 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 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name MONTENARI, KIRSTEN  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name SEAGLE, MARK  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name SPEARS, APRIL  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name HALEY, ADAH  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title CHAIRMAN  
Name NICHOLSON, JOSEPH  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name HOLCOMB, REBECCA  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name YARBROUGH, MARK  
Address 1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

**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:** SARAH PARNELL

**TREASURER**

04/21/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SWARTZ, DAVE  
Address        1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title           TREASURER  
Name           PARNELL, SARAH  
Address        1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

Title           SECRETARY  
Name           SMITH, TOBITHA  
Address        1140 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073