

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003651

FILED
Feb 17, 2016
Secretary of State
CC7125738295

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 CHAIRMAN
Name OTWELL, JOSEPH
Address 2700 UNIVERSITY BLVD S
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name SIZEMORE, STEPHEN
Address 2700 UNIVERSITY BLVD S
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 DIRECTOR
Name HARB, NOVA
Address 2700 UNIVERSITY BLVD SOUTH
SUITE H
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

Title DIRECTOR
Name MONTENARI, KIRSTEN
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: STEPHEN SIZEMORE

TREASURER

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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