


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 721540 1. Entity Name FIRST INTERDENOMINATIONAL HAITIAN CHURCH, INC.	
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Principal Place of Business 5832- 60 N.E. 2ND AVE. MIAMI, FL 33137	Mailing Address 5832- 60 N.E. 2ND AVE. MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1813806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENESCA, ROBERT
899 N.E. 83 STREET
MIAMI, FL 33138

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Renesca ROBERT RENESCA 03-13-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876004 04/11/08-80055-014 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRLIN, SAINT HILAIRE 585 NW 101ST ST MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANON, JOSEPH 6811 NORTH MIAMI AVENUE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENESCA, ROBERT 899 N.E. 83 ST. MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Renesca ROBERT RENESCA 03-13-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 305-156-8029