


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 742070**  
 1. Entity Name  
 HAITIAN EMMANUEL BAPTIST CHURCH, INC.



Principal Place of Business 7321 NE 2ND AVE. MIAMI, FL 33138	Mailing Address 7321 NE 2ND AVE. MIAMI, FL 33138
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1635449	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  
 WILNER, MAXY  
 1138 NW 101 STREET  
 MIAMI, FL 33150

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000346397 04/30/05-80075-009 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXY, WILNER 1138 N.W. 101 ST STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOISE, JOSEPH J 1120 NW 102 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEAN LOUIS, HERIBERT 1840 NE 142 ST., #4B MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERTNEAU225, OSNES 215 NW 79TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wilner Maxy \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_