


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90012 020 \*\*\*\*70.00

|   |   |   |
|---|---|---|
| <b>DOCUMENT # 742070</b><br>1. Entity Name<br>HAITIAN EMMANUEL BAPTIST CHURCH, INC. |   |  |
| Principal Place of Business<br>7321 NE 2ND AVE.<br>MIAMI FL 33138                   |   | Mailing Address<br>7321 NE 2ND AVE.<br>MIAMI FL 33138                             |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.           | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |
| City & State  |   | City & State  |
| Zip   | Country                                       | Zip   |
| Country   |   | Country   |



1st MOORE CR2E037 (10/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>59-1635449</b>                                   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>WILNER, MAXY<br>1138 NW 101 STREET<br>MIAMI FL 33150 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |
|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b><br><br><b>Make Check Payable to Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--|---|---|
| TITLE                      | PD<br>MAXY, WILNER<br>1138 N.W. 101 ST STREET<br>MIAMI FL 33150      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY ST ZIP                |  | CITY ST ZIP   |   |
| TITLE                      | PD<br>MOISE, JOSEPH J<br>1120 NW 102 ST.<br>MIAMI FL 33156           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY ST ZIP                |  | CITY ST ZIP   |   |
| TITLE                      | TD<br>JEAN LOUIS, HERIBERT<br>1840 NE 142 ST., #4B<br>MIAMI FL 33181 | TITLE   | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY ST ZIP                |  | CITY ST ZIP   |   |
| TITLE                      | S<br>BERTNEAU225, OSNES<br>215 NW 79TH STREET<br>MIAMI FL 33127      | TITLE   | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY ST ZIP                |  | CITY ST ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY ST ZIP                |  | CITY ST ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY ST ZIP                |  | CITY ST ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wilner Maxy *Wilner Maxy* 2/2/2007 (305) 653-0936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #