


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90232 001 ****61.25
03-02-2005 90232 002 *****8.75

DOCUMENT # 751911 1. Entity Name HAITIAN GOSPEL ÉVANGÉLICAL CHURCH, INC. HAITIAN GOSPEL. 131 NE 9ST. POMP																										
Principal Place of Business HAITIAN GOSPEL 131 NE 9 ST. POMPANO BEACH FL 33061 US		Mailing Address 610 SOUTHWEST 30TH AVENUE FORT LAUDERDALE FL 33312 US 610 SW 30 AVE																								
2. Principal Place of Business H. GOSPEL Church Suite, Apt. #, etc. 131 NE 9ST POMP City & State Beach FLA Zip 33060		3. Mailing Address 610 SW 30 AVE Suite, Apt. #, etc. FTL City & State FLA Zip 33312																								
4. FEI Number 05-4482519		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent JEAN, MARCEL PASTOR 610 SW 30 AVE FT. LAUDERDALE FL 33312		7. Name and Address of New Registered Agent Name Marcel Jean 610 SW 30 AVE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE City FLA FL Zip Code 33312																								
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 Marcel Jean Pastor Agent (NOTE: Registered Agent signature required when reinstating) DATE 2-23-05																										
FILE NOW: 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																								
Make Check Payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARCEL JEAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										
Date		Daytime Phone #																								