

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State

04-29-2004 90237 037 ****70.00

DOCUMENT # 754899 1. Entity Name HAITIAN EVANGELICAL BAPTIST CHURCH, INC.					
Principal Place of Business 800 NW 14TH STREET MIAMI FL 33136 US			Mailing Address PO BOX 694970 MIAMI FL 33269		
2. Principal Place of Business 14455 Memorial Hwy		3. Mailing Address 14455 Memorial Hwy			
Suite, Apt. #, etc. North Miami, FL		Suite, Apt. #, etc. North Miami FL			
City & State 33161		City & State 33161			
Zip 33161		Country USA		4. FEI Number 94-3086686	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent THONY, FERNALD 16801 NE 14 AVE 105 N MIAMI FL 33162			7. Name and Address of New Registered Agent REV. FRANTZ D. EUGENE 7818 EMBASSY BLVD MIRAMAR, FL 33023		
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: <u><i>Frantz D. Eugene</i></u> DATE: <u>4/23/04</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOISE, JEAN C 10804 NW 2ND AVE. MIAMI FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Jean Michael Paul 438 NE 145 ST N. MIAMI, FL 33162	☐ Delete ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYPPOLITE, JONATHAN 7624 DILDO BLVD MIRAMAR FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jonathan Hyppolite, Jonathan 7624 DILDO BLVD MIRAMAR, FL 33023	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEAN, LUC 551 NW 183RD TERRACE MIAMI FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sultana V. MOISE 1050 N W 196 TERR MIAMI FL 33169	☐ Delete ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E/D EUGENE, FRANTZ D 7818 EMBASSY BLVD MIRAMAR FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Benita ROYAL 1432 NW 115 ST MIAMI, FL 33169	☒ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALIXTE, HAROLD 6729 CAMELIA DRIVE MIRAMAR FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Benita ROYAL 1432 NW 115 ST MIAMI, FL 33169	☐ Delete ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLUS, CAROL A 8801 N CRESCENT DR MIRAMAR FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Benita ROYAL 1432 NW 115 ST MIAMI, FL 33169	☐ Delete ☐ Change ☒ Addition	
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: <u><i>Jonathan Hyppolite</i></u> DATE: <u>4/24/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					