FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761090

1. Corporation Name

HAITIAN MISSION OF POMPANO INCORPORATED

Principal Place of Business									
333 HAMMONDVILLE RD									
PO BOX 2086									
POMPANO BCH FL 33061									

Mailing Address

333 HAMMONDVILLE RD PO BOX 2086

POMPANO BCH FL 33061

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90047 024 ****70.00



	pal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed 02/01/1982						
21		Suite, Apt.	# atc			4. FEI Number			Anni	ed For		
Suite, Apt. :	#, etc.	⊢ '`	#, 6 10.			59-2348302		-	+ • • •	Applicable		
22		City & Stat				00 20 100		\$8		ditional		
City & State	3	⊢ '	.8			5. Certificate of Status Desire	ed 🔼		e Reg			
23		28		ountry			alm a					
Zip	Country	Zip		ouna y		6. Election Campaign Finance	ang 🖂		.00 M ided to			
24	25	29	30			Trust Fund Contribution	ow Pagistared A		ded to	1 603		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name												
				"	Name							
DUMORNAY, JACQUES				82 Street Address (P.O. Box Number is Not Acceptable)								
1584 N.W. 65 AVENUE												
MARGATE	FL 33065			83		•						
	,			84	City			85	Zip Co	de		
				ļ	1		F <u>L</u>	11	·			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Storature broad or priced name of registered agent and title if applicable. INCITE: Registered Agent eignature required when reinstating) DATE												
	Signature, typed or printed name of registered agent a				nt signature requar	ADDITIONS/CHANGES TO		n nipi	CTOR	S IN 12		
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO	OFFICERS AN	Ch		Addition		
TITLE	SD ·	Ц		1 TITLE					ango			
NAME	DUMORNAY, RAYMONDE		1.	2 NAME								
STREET ADDRESS	1584 NW 65TH AVE		1.	3 STREE	T ADDRESS							
CITY-ST-ZIP	MARGATE, FL 00000		1.	4 CITY-S	T-ZIP							
TITLE	PD		DELETE 2.	1 TITLE				Ch	ange	☐ Addition		
NAME	DUMORNAY, JACQUES		2.	2 NAME	Į					-		
STREET ADDRESS	-1584 NW-65TH AVE		2.	3 STREE	ADDRESS	•						
CITY-ST-ZIP	MARGATE, FL 00000		2.	4 CITY-S	ST-ZIP							
TITLE	TD		DELETE 3.	1 TITLE				Ch	ange	☐ Addition		
NAME	INBERT PIERRE NIXON		3.	2 NAME	\ \							
STREET ADDRESS	6413 BRAEBURN		3.	3 STREE	TADORESS							
CITY-ST-ZIP	N. LAUDERDALE FL		3.	4. CITY-5	ST-ZIP							
TITLE	V			1 TITLE				Ch	ange	☐ Addition		
NAME	FLEURY, PIERRE JOSEPH		14	2 NAME	1							
STREET ADDRESS	1030 SW 14TH STREET		4	3 STREE	TADDRESS							
	DEERFIELD BEACH FL			4 CITY-S	ŀ							
CITY-ST-ZIP	DEERFIELD BEACH I'L			1 TITLE	1-41			☐ Ch	ange	Addition		
TITLE	•	_		2 NAME	1				_			
NAME	MITTON, MARIE J.				TADDRESS							
STREET ADDRESS				4 CITY-S								
CITY-ST-ZIP	NORTH LAUDERDALE FL			1 TITLE				☐ Ch	ange	Addition		
TITLE		u	0	2 NAME	1				0-			
NAME												
STREET ADDRESS					TADORESS							
CITY OT 7ID			6.	4 CITY-S	T-ZIP							

14. 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 annual report or supplemental annual 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 expowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed command attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/16/74/954/782.4832

CR2E037 (11/98)