

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 27, 2006 8:00 am
Secretary of State

04-26-2006 90174 009 ****70.00

DOCUMENT # 771285 1. Entity Name THE HAITIAN EVANGELICAL BAPTIST CHURCH OF POMPANO BEACH, FLORIDA, INC.					
Principal Place of Business 153 NW 12 STREET POMPANO BCH FL 33060 US		Mailing Address 153 NW 12 STREET POMPANO BCH FL 33060 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2459290	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELINOIS, REV. PIERRE Y. 5892 NW 48TH LANE COCONUT CREEK FL 33073				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature: typed or printed name of registered agent and who it applicable) (NOTE: Registered Agent signature required when renewing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 DELINOIS, PIERRE Y. 5892 NW 48TH LANE COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINT LOUIS, ANTOINE 2722 NE 2ND AVE POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMELVAR, RONI 250 W SAMPLE RD, APT D-221 POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELINOIS, MARILYN 7611 SW 9TH STREET COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELINOIS, MARILYN ☐ Change ☐ Addition ADDRESS 5892 N.W 48TH LANE COCONUT CREEK FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANIA DELINOIS ☐ Change ☒ Addition 5892 N.W 48TH LANE COCONUT CREEK FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:		Rev. PIERRE Y. DELINOIS 4/17/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		454-540-0086 954-420-2910			