

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

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**



05202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2459290	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELINOIS, REV. PIERRE Y.
5892 NW 48TH LANE
COCONUT CREEK, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000952540
06/04/08-80085-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELINOIS, PIERRE Y.
STREET ADDRESS	5892 NW 48TH LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	SAINT LOUIS, ANTOINE
STREET ADDRESS	2722 NE 2ND AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	T
NAME	DEMELVAR, RONI
STREET ADDRESS	250 W SAMPLE RD, APT D-221
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	V
NAME	DELINOIS, MARILYN
STREET ADDRESS	5892 NW 48TH LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	S
NAME	DELINOIS, TANIA
STREET ADDRESS	5892 NW 48TH LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

PIERRE Y. DELINOIS 5/20/08 (954) 479-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #