

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771285

FILED  
Apr 15, 2012  
Secretary of State

**Entity Name:** THE HAITIAN EVANGELICAL BAPTIST CHURCH OF POMPANO BEACH, FLORIDA, INC.

**Current Principal Place of Business:**

153 NW 12 STREET  
POMPANO BCH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

153 NW 12 STREET  
POMPANO BCH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 59-2459290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DELINOIS, PIERRE Y.  
Address: 5892 NW 48TH LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D  
Name: SAINT LOUIS, ANTOINE  
Address: 2722 NE 2ND AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: T  
Name: DEMELVAR, RONI  
Address: 3924 NW 35TH TERR.  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: V  
Name: DELINOIS, MARILYN  
Address: 5892 NW 48TH LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: S  
Name: DELINOIS, TANIA  
Address: 5892 NW 48TH LANE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PIERRE Y. DELINOIS

DIRE

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date