2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)						FILED			
DOCUMENT # N0100000159 1. Entity Name NAZARETH HAITIAN BAPTIST CHURCH, INC.						Mar 03, 2005 08:00 AN Secretary of State			AM
NAZAKE	IM HAIHAN BAPTIST CHU	MCH, IN	C.						
Principal Place of Business			ng Address				•		g
7254 N. MIAMI AVE. MIAMI FL 33150		7254 N. MIAMI AVE. MIAMI FL 33150			·			-	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt #, etc.			1st MO	ORE CR	2E037 (10/04)		
City & Sta	te	City & State				4. FEI Number	5-1096208		oplied For ot Applicab
Zip	Zip Country		Zip		ntry	5. Certificate of Sta		\$9.75 ad	ditional
	6. Name and Address of Currer	t Register	ed Agent			7. Name and Addr	ess of New Registe		
		******		·e ·	Name				
PIERRE, JEAN A 47 NW 67 ST.					Street Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33150								
					City	-		FL Zip Cod	
	a named entity submits this statement tions of registered agent.	for the purp	oose of changing its r	registere	ed office or registe	ered agent, or both, in t	he State of Florida.	I am familiar with,	and acces
SIGNATURE				Procedure of	i Agant signature require		<u> </u>	PATE .	
	Signature, typed or printed name of registered age		piicable Inote	Hedizielec	Agent signature require	- when to instauring/	in in favorities.		
		Election Campaign Financing Trust Fund Contribution.				heck Payable epartment of :			
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS IN Change	Ú 10 ☐ Additi
TITLE NAME	PRUDENT, KADES REV		☐ Deiete	TITLE NAME			U00000025007 03/05-80029	'Ü	[_] Modici
STREET ADDRESS	47 NW 67ST. MIAMI FL 33150				ET ADDRESS -SI - 7IP	037	03/05-80025	-013 61.2	5
TITLE	DV		☐ Dejete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	PRUDENT, ALEXINA 47 NW 67ST.			NAME STREE	T ADORESS				
CITA-SI-MP	MIAMI FL 33150			1	ST-ZIP				
TITLE	DS		Delete	TIJLE	i			☐ Change	- Addition
NAME STREET ADDRESS	PHILOGENE, MARIE-ANGE 37 NW 47ST.			STREE	TADORESS				
CITY-ST-ZIP	MIAMI FL 33150			CITY-	ST-ZIP				
TITLE	OT CROISIERE, EUMENE		☐ Delete	THE				☐ Change	∏ Addiñ
NAME STREET ADDRESS	500 NE 112 ST.			NAME STREE	FT ADDHESS				
CITY-ST-ZIP	MIAMI FL 33162			CHY-	·ST- ZIP				
IIILE	,	•	Delete "	THTLE NAME			•	☐ Change	∏ Adelli
NAME STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			<u> </u>	CITY-	\$1-7P				
MILE			Delete	TELE NAME	1			☐ Change	☐ A.l. ³ ~
NAME STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP		, 		ÇHY	-\$1-ZIP				
12. I hereby indicated	certify that the information supplied wild on this report or supplemental report	ith this filing	does not qualify for accurate and that m	the exer	mption stated in S ure shall have the	ection 119 07(3)(i), Flo same legal effect as if	rida Statutes. I furth made under oath; t	er certify that the i hat I am an office:	nformation or directo
l af the co	rporation or the receiver or trustee en i, or on an attachment with an address	powered to	execute this report a	as requir	ed by Chapter 61	7, Florida Statutes; and	d that my name app	ears in Block 10 o	r Block 11
	,		,						

FED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR