


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N01000000159</b><br>1. Entity Name<br><b>NAZARETH HAITIAN BAPTIST CHURCH, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>7254 N. MIAMI AVE.<br/>MIAMI FL 33150</b> | Mailing Address<br><b>7254 N. MIAMI AVE.<br/>MIAMI FL 33150</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Zip Country | City & State<br>Zip Country |
|-----------------------------|-----------------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1096208</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>PIERRE, JEAN A<br/>47 NW 67 ST.<br/>MIAMI FL 33150</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | DP <input type="checkbox"/> Delete<br>PRUDENT, KADES REV<br>47 NW 67ST.<br>MIAMI FL 33150    |
| TITLE                      | DV <input type="checkbox"/> Delete<br>PRUDENT, ALEXINA<br>47 NW 67ST.<br>MIAMI FL 33150      |
| TITLE                      | DS <input type="checkbox"/> Delete<br>PHILOGENE, MARIE-ANGE<br>37 NW 47ST.<br>MIAMI FL 33150 |
| TITLE                      | DT <input type="checkbox"/> Delete<br>CROISIERE, EUMENE<br>500 NE 112 ST.<br>MIAMI FL 33162  |
| TITLE                      | <input type="checkbox"/> Delete  |
| TITLE                      | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1000000628804<br>02/16/07-800931-018 61.25 |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* 02-05-07