

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 DEC 13 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004710

1. Entity Name
EMMANUEL HAITIAN CHRISTIAN COMMUNITY AGENCY,
INC.



Principal Place of Business
7321 NE 2ND AVE.
MIAMI, FL 33138

Mailing Address
7321 NE 2ND AVE.
MIAMI, FL 33138

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004 REIN-NP

CR2E099 (6/04)

4. FEI Number
65-1126528

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~NZERIBE, RICHARD
160 NW 178 ST., STE. 200-4
MIAMI, FL 33169~~

~~ALPHONSE JULES
1340 NE 134 ST.
Miami FL 33161~~

7. Name and Address of New Registered Agent

Name ~~ALPHONSE JULES~~
Street Address (P.O. Box Number is Not Acceptable)
~~1340 NE 134 ST.~~
City ~~Miami~~ FL Zip Code ~~33161~~

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 ~~Alphonse Jules~~

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILNER, MAXY	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, JACQUES M	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMOTHEE, ELIZE	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARCELLUS, EMMANUEL	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELVA, VERNET	
STREET ADDRESS	7321 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000042829430
11/17/04--01033--005 **245.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ~~Wilner Maxy~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-04
Date Daytime Phone #