
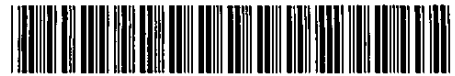


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90012 018 ****70.00

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1126528	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JULES, ALPHONSE 1340 NE 134 ST MIAMI FL 33161				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILNER, MAXY		NAME		
STREET ADDRESS	7321 NE 2ND AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33138		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, JACQUES M		NAME		
STREET ADDRESS	7321 NE 2ND AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33138		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMOTHEE, ELIZE		NAME		
STREET ADDRESS	7321 NE 2ND AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33138		CITY- ST- ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCELLUS, EMMANUEL		NAME		
STREET ADDRESS	7321 NE 2ND AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33138		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELVA, VERNET		NAME		
STREET ADDRESS	7321 NE 2ND AVE.		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33138		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E037 (10/06)

SIGNATURE: Wilner Maxy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2007

Date Daytime Phone #

(305) 553-1100

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.