


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 012 \*\*\*\*70.00

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| <b>DOCUMENT # N01000005014</b>   |  |  |  |                                  |   |  |
| <b>1. Entity Name</b><br>HAITIAN MISSION EVANGELICAL MELCHISSEDECK, INC.   |  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>310 SOUTH RIDGE ROAD<br>DELRAY BEACH, FL 33444   |  |  | <b>Mailing Address</b><br>310 SOUTH RIDGE ROAD<br>DELRAY BEACH, FL 33444   |   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>446 SW Overbrook St   |  | <b>3. Mailing Address</b><br>P.O. BOX 7  |  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |   |  |
| <b>City &amp; State</b><br>Greenville FL   |  | <b>City &amp; State</b><br>GREENVILLE, FLORIDA   |  | <b>4. FEI Number</b><br>31-1815810  |   |  |
| <b>Zip</b><br>32331  |  | <b>Country</b><br>MADISON  |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>FONTUS, APOLOS - REV.<br>310 SOUTH RIDGE ROAD<br>DELRAY BEACH, FL 33444  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: FONTUS, APOLOS - REV.<br>Street Address (P.O. Box Number is Not Acceptable):<br>1846 SW MAIN STREET<br>City: GREENVILLE FL Zip Code: 32331 |   |   |  |
| <b>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.</b>   |  |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |  |  |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |  |
| <b>TITLE</b><br>PD   | <b>NAME</b><br>FONTHUS, APOLOS REV.          |  | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>PD  | <b>NAME</b><br>FONTHUS, APOLOS REV.             |  |
| <b>STREET ADDRESS</b><br>310 SOUTH RIDGE ROAD  | <b>CITY-ST-ZIP</b><br>DELRAY BEACH, FL 33444 |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   | <b>STREET ADDRESS</b><br>1846 SW MAIN STREET  | <b>CITY-ST-ZIP</b><br>GREENVILLE, FLORIDA 32337 |  |
| <b>TITLE</b><br>SD   | <b>NAME</b><br>JEAN, MARIE A                 |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>  | <b>NAME</b><br>                                 |  |
| <b>STREET ADDRESS</b><br>317 SW 1ST AVENUE   | <b>CITY-ST-ZIP</b><br>DELRAY BEACH, FL 33444 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                          |  |
| <b>TITLE</b><br>TD   | <b>NAME</b><br>FONTHUS, MARIE K              |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>  | <b>NAME</b><br>                                 |  |
| <b>STREET ADDRESS</b><br>310 SOUTH RIDGE ROAD  | <b>CITY-ST-ZIP</b><br>DELRAY BEACH, FL 33444 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                          |  |
| <b>TITLE</b><br>   | <b>NAME</b><br>                              |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>D   | <b>NAME</b><br>FONTUS, KERLENS                  |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>                       |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   | <b>STREET ADDRESS</b><br>1846 SW MAIN STREET  | <b>CITY-ST-ZIP</b><br>GREENVILLE, FL 32331      |  |
| <b>TITLE</b><br>   | <b>NAME</b><br>                              |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>  | <b>NAME</b><br>                                 |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                          |  |
| <b>TITLE</b><br>   | <b>NAME</b><br>                              |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>  | <b>NAME</b><br>                                 |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                          |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b> |  |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>x P. Apolos Fontus</i>  |  |  |  | 04-024-07 561-809-2794  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |  | Date Daytime Phone #  |   |  |