

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001120

1. Entity Name
M.B. INTERNATIONAL HAITIAN REFUGEE CENTER INC.



Principal Place of Business
750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 262
ORLANDO, FL 32805

Mailing Address
750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 262
ORLANDO, FL 32805



03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0504995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

PHILIPPE, LHAUNER
1927 DUNWOODIE STREET
ORLANDO, FL 32839

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IN THIS SPACE**

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: *Philippe Lhauner* *Lhauner Philippe* 4-18-05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERTHONIER, MERILAN
STREET ADDRESS	750 S. ORANGE BLOSSOM TRAIL, STE. 262
CITY-STATE-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	PHILIPPE, LHAUNER
STREET ADDRESS	1927 DUNWOODIE ST.
CITY-STATE-ZIP	ORLANDO, FL 32839
TITLE	O
NAME	BAPTISTE, LUCIEN JEAN
STREET ADDRESS	2605 OCILLA COURT
CITY-STATE-ZIP	ORLANDO, FL 32839
TITLE	S
NAME	MERILAN, CHADRACK
STREET ADDRESS	619 DUNLIN LANE
CITY-STATE-ZIP	POINCIANA, FL 34759
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

UN00000321923
04/21/05-80096-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Berthonier Merilan* *Berthonier Merilan* 4-18-05 407-481-8487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #