

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 050 ****61.25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
68-0504995

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILIPPE, LHAUNER
1927 DUNWOODIE STREET
ORLANDO, FL 32839**

Name **Jimmy Joseph**

Street Address (P.O. Box Number is Not Acceptable)

448 W. Oak Ridge Rd #106

City **Orlando**

FL

Zip Code **32809**

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

[Signature]

Signature of the Principal, President, or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **PD** ☐ Delete
NAME **BERTHONIER, MERILAN**
STREET ADDRESS **750 S. ORANGE BLOSSOM TRAIL, STE. 262**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **Agent, Director** ☐ Change ☒ Addition
NAME **Jimmy Joseph**
STREET ADDRESS **448 West Oak Ridge Rd #106**
CITY-ST-ZIP **Orlando, FL 32809**

TITLE **D** ☒ Delete
NAME **PHILIPPE, LHAUNER**
STREET ADDRESS **1927 DUNWOODIE ST.**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **O** ☐ Delete
NAME **BAPTISTE, LUCIEN JEAN**
STREET ADDRESS **2605 OCILLA COURT**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MERILAN, CHADRACK**
STREET ADDRESS **619 DUNLIN LANE**
CITY-ST-ZIP **POINCIANA, FL 34759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

Date

407-481-8489

Daytime Phone #