

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90118 006 ****61.25

DOCUMENT # N02000006804

1. Entity Name

BETHLEHEM HAITIAN BAPTIST CHURCH, INC.



Principal Place of Business

1925 N 60TH AVE
HOLLYWOOD FL 33021

Mailing Address

P. O. BOX 815061
HOLLYWOOD FL 33081

14019745



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1925 N. 60TH AVE

Suite, Apt. #, etc.

P.O. Box 815061

City & State

Hollywood, FL

City & State

Hollywood FL

Zip

33021

Country

Broward

Zip

33081

Country

Broward

4. FEI Number

81-0570192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEMORIN, LUCIEN
4300 SHERIDAN ST APT 240
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PDA	<input type="checkbox"/> Delete
NAME	NEMORIN, LUCIEN	
STREET ADDRESS	4300 SHERIDAN ST APT 240	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NEMORIN, MAGALITA	
STREET ADDRESS	4300 SHERIDAN ST APT 240	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	YYP	<input type="checkbox"/> Delete
NAME	NEMORIN, DAVID	
STREET ADDRESS	4300 SHERIDAN ST APT 240	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	YYAP	<input type="checkbox"/> Delete
NAME	FAROUL, JESULA	
STREET ADDRESS	3220 SW 66 WAY	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	MD	<input type="checkbox"/> Delete
NAME	HERAND, MOINE	
STREET ADDRESS	1320 N 73 WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	APP	<input type="checkbox"/> Delete
NAME	PIERRE, YOLLELINE	
STREET ADDRESS	6141 SW 30 ST APT 7	
CITY-ST-ZIP	MIRAMAR FL 33023	

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

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:

Likouepin

04-25-04 754-244-2157