


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90037 037 \*\*\*\*62.00

<b>DOCUMENT # N02000006804</b> 1. Entity Name BETHLEHEM HAITIAN BAPTIST CHURCH, INC.	
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 249 SW 11 ST DANIA, FL 33004	Mailing Address P. O. BOX 815061 HOLLYWOOD, FL 33081
----------------------------------------------------------------	------------------------------------------------------------



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0570192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEMORIN, LUCIEN  
249 SW 11TH ST APT 1  
DANIA, FL 33004

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---------------------------------------------	-------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDA NEMORIN, LUCIEN 249 SW 11TH ST APT 1 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEMORIN, MAGALITA 249 SW 11TH ST APT 1 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YYP NEMORIN, DAVID 249 SW 11TH ST APT 1 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YYAP FAROUL, JESULA 3220 SW 66 WAY MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HERAND, MOINE 1320 N 73 WAY HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APP PIERRE, YOLLELINE 6141 SW 30 ST APT 7 MIRAMAR, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

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 L. Lucien 02-08-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

754-244-2157