

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90173 029 \*\*\*\*69.75

**DOCUMENT # N03000000487**

1. Entity Name  
**HAITIAN BAPTIST CHURCH OF GALILEE, INC.**



Principal Place of Business  
**12207 NW 7 AVE. NUE  
N. MIAMI, FL 33168**

Mailing Address  
**470 NW 125 ST.  
MIAMI, FL**

40054011



04042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**56-2530169**

Applied For  
☐ Not Applicable

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**

**MARCELIN, HYPOLITE REV.  
470 NW 125 STREET  
MIAMI, FL 33168**

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

(NOTE: Registered Agent signature required when reinstating)

*4/10/06*  
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	<input type="checkbox"/> Delete
NAME	MARCELIN, HYPOLITE	
STREET ADDRESS	470 NW 125 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ST-ANNE MARCELIN, MARIE	
STREET ADDRESS	470 NW 125 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	
TITLE	SD	<input checked="" type="checkbox"/> Delete →
NAME	LAMOUR, LUCIEN	
STREET ADDRESS	4632 NW 7TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARCELIN, HARLAND	
STREET ADDRESS	470 NW 125 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Lamour Lucien	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	455 N.E 162 St	
STREET ADDRESS	N Miami beach FL 33162	
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 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]*

*4/10/06*  
Date

Daytime Phone #