2007 NOT-FOR-PROFIT CORPORA

FILED Mar 23, 2007 8:00 am **Secretary of State**

Daytime Phone #

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DOCUMENT # N03000000487 03-23-2007 90009 038 ****61.25 HAITIAN BAPTIST CHURCH OF GALILEE, INC. Principal Place of Business Mailing Address 40039937 12207 NW 7 AVE.NUE 470 NW 125 ST. N. MIAMI, FL 33168 MIAMI, FL 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address Hartan Baptist Church & Galile 447000--- NO uite, Apt. #, etc 03092007 Chg-NP CR2E037 (12/06) N-MIA. City & State Warms 4. FEI Number 56-2530169 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCELIN, HYPPOLITE REV. 470 NW 125 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33168 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete Change Change ☐ Addition NAME MARCELIN, HYPPOLITE NAME 470 NW 125 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33168 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ST-ANNE MARCELIN, MARIE NAME NAME STREET ADDRESS 470 NW 125 ST STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33168 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME LAMOUR, LUCIEN NAME STREET ADDRESS 455 NE-162 ST STREET ADDRESS CITY-ST-ZIP N. MIAMI, FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MARCELIN, HARLAND NAME 470 NW 125 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33168 CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 attacznent with an address with all other like empowered.