

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90016 025 ****75.00

DOCUMENT # N03000002411			
1. Entity Name FIRST HAITIAN BAPTIST CHURCH OF SARASOTA, INC.			
Principal Place of Business 3200 OLD BRADENTON ROAD SARASOTA FL 34234		Mailing Address P.O. BOX 3682 SARASOTA FL 34230	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3200 Old Bradenton Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Sarasota, FL</i>	
Zip	Country	Zip	Country
		<i>34234</i>	<i>Sarasota</i>
6. Name and Address of Current Registered Agent BOYER, EDOUARD 871 ALBRITTON AVE SARASOTA FL 34222		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	
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 <i>Edouard Boyer</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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	NAME	TITLE	NAME
	BOYER, EDOUARD		
STREET ADDRESS	871 ALBRITTON AVE	STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34232	CITY ST ZIP	
TITLE	NAME	TITLE	NAME
	S		
STREET ADDRESS	SENATUS, ANDRE MR.	STREET ADDRESS	
CITY ST ZIP	2132 AVE E 49TH BRADENTON FL 34203	CITY ST ZIP	
TITLE	NAME	TITLE	NAME
	M		
STREET ADDRESS	MYRTIL, CICEUS MR.	STREET ADDRESS	
CITY ST ZIP	1818 9TH AVE. E 49TH BRADENTON FL 34208	CITY ST ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	



1st MOORE CR2E037 (10/06)

4. FEI Number **54-2085417** Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edouard Boyer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07
 Date Daytime Phone #