

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90036 015 ****61.25

DOCUMENT # N03000008581

1. Entity Name

PREMIERE EGLISE BAPTISTE HAITIENNE DE STUART,
INC.



Principal Place of Business

Mailing Address

(201 W. OCEAN BLVD
STUART FL 34994)
old

2272 SE MASLAN AVENUE
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

10694 S. US1
NEW

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.

City & State

City & State

Port-Sainte-Lucie, FL

Zip
34952

Country
Saint Lucie

Zip

Country

4. FEI Number

56-2398450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOREAL, JUSTIN
2272 SE MASLAN AVE
PORT SAINT LUCIE FL 34952

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, 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
NAME D
FLOREAL, JUSTIN ☐ Delete
STREET ADDRESS
2272 SE MASLAN AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME P
DORISCA, JEAN K ☐ Delete
STREET ADDRESS
2895 SE GARDEN STREET
CITY-ST-ZIP STUART FL 34997

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
LOUIS, TONY ☐ Delete
STREET ADDRESS
1849 SW BURLINGTON ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
CHER-AIME, WILFRID ☐ Delete
STREET ADDRESS
237 NE FLORESTA DR
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
PIERRELUS, ELIUS ☐ Delete
STREET ADDRESS
3077 SE IRIS ST
CITY-ST-ZIP STUART FL 34997

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME C
MERANESE, DERSVIS ☐ Delete
STREET ADDRESS
2990 SE FAIRMONT ST
CITY-ST-ZIP STUART FL 34997

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Justin Floreal*

3/7/06