

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

06-07-2005 90002 039 ****61.25

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # N04000000336 | | | | | |
| 1. Entity Name JEAN JACQUES DESSALINES COMMUNITY CENTER, INC. | | | | | |
| Principal Place of Business 8325 NE 2ND AVENUE MIAMI, FL 33138 | | | Mailing Address 8325 NE 2ND AVENUE MIAMI, FL 33138 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 05202005 Chg-NP CR2E037 (10/03) | |
| 6. Name and Address of Current Registered Agent DEROSE, PHILIPPE 18870 NE 21TH AVENUE N. MIAMI BEACH, FL 33179 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$81.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution <input 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 STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete DEROSE, PHILIPPE 18870 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33179 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Jean metellus 4095 Rudlan RD N Miami FL 33155 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Delete JEAN, SUSES 13694 NE 20TH AVENUE NORTH MIAMI BEACH, FL 33181 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete MARTHURIN, MORCEL 14699 NE 18TH AVENUE NORTH MIAMI BEACH, FL 33181 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Philippe Deroose</i> <small>Signature and Typed or Printed Name of Signing Officer or Director</small> | | | Date <i>5/25/05</i> Daytime Phone # _____ | | |

66024598

