

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90185 001 \*\*\*\*61.25  
03-03-2005 90185 002 \*\*\*\*\*8.75

**DOCUMENT # N04000009316**

1. Entity Name  
**F & J COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business  
**15702 NW 2 AVE  
MIAMI, FL 33169**

Mailing Address  
**15702 NW 2 AVE  
MIAMI, FL 33169**

**66003274**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number

**01 0821825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH, FRITZ  
2222 SW 80 TERR  
MIRAMAR, FL 33025**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

TITLE EDP ☐ Delete  
NAME JOSEPH, FRITZ  
STREET ADDRESS 2222 SW 80 TERR  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE C ☐ Delete  
NAME DORVAL, MADOCHE  
STREET ADDRESS 2401 SW 28 ST #204  
CITY-ST-ZIP COCONUT CREEK, FL 33132

TITLE T ☒ Delete  
NAME TERMA, ROGER  
STREET ADDRESS 5156 SW 129 TERR  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE PD ☒ Delete  
NAME ARCHILLE, JEAN  
STREET ADDRESS 860 NW 168 TERR  
CITY-ST-ZIP MIAMI, FL 33169

TITLE VD ☐ Delete  
NAME JEAN-BAPTISTE, KESNER  
STREET ADDRESS 5306 NW 190 LN  
CITY-ST-ZIP MIAMI, FL 33055

TITLE VD ☐ Delete  
NAME DELVA, PIERRE R  
STREET ADDRESS 2200 ALCAZAR  
CITY-ST-ZIP MIRAMAR, FL 33023

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition  
NAME ELIANE RIMER  
STREET ADDRESS 15001 N SPUR DRIVE  
CITY-ST-ZIP MIAMI FL 33169

TITLE PROGRAM DIRECTOR ☐ Change ☒ Addition  
NAME MAX DELICES  
STREET ADDRESS 1250 NE 159 ST  
CITY-ST-ZIP MIAMI, FL 33161

TITLE ASS. EXE - DIRECTOR ☐ Change ☒ Addition  
NAME CLAUDE - JEAN-POIX  
STREET ADDRESS 12201 NW 215 PLACE  
CITY-ST-ZIP MIAMI, FL 33167

TITLE VOTING DIRECTOR ☐ Change ☒ Addition  
NAME Jolius Tin Homme  
STREET ADDRESS 12101 NW 215 PLACE  
CITY-ST-ZIP MIAMI, FL 33167

TITLE VOTING DIRECTOR ☐ Change ☒ Addition  
NAME MARIE PIARD  
STREET ADDRESS 4211 NW 41 ST Apt. 310  
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE VOTING DIRECTOR ☐ Change ☒ Addition  
NAME THEOLINE PIERRE JEAN  
STREET ADDRESS 545 NE 126 ST  
CITY-ST-ZIP MIAMI, FL 33161

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:**


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## ATTACHMENT

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N04000009316</b> 1. Entity Name <b>F &amp; J COMMUNITY DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>15702 NW 2 AVE MIAMI, FL 33169</b>				Mailing Address <b>15702 NW 2 AVE MIAMI, FL 33169</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>010821825</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOSEPH, FRITZ 2222 SW 80 TERR MIRAMAR, FL 33025</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	EDP	<input type="checkbox"/> Delete	TITLE	Voting Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH, FRITZ		NAME	Thamare Poulard	
STREET ADDRESS	2222 SW 80 TERR		STREET ADDRESS	8104 NW 5th CT	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	Miami, FL 33150	
TITLE	C	<input type="checkbox"/> Delete	TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORVAL, MADOCHÉ		NAME	GERALD LOISEAU	
STREET ADDRESS	2401 SW 28 ST #204		STREET ADDRESS	15030 NE 11th CT Apt. 1	
CITY-ST-ZIP	COCONUT CREEK, FL 33132		CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERMA, ROGER		NAME	MARIE C. Jacotin	
STREET ADDRESS	5156 SW 129 TERR		STREET ADDRESS	4291 NW 36 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Lauderdale LAKES, FL 33309	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHILLE, JEAN		NAME	FRITZ LEANDRE	
STREET ADDRESS	860 NW 168 TERR		STREET ADDRESS	1315 NW 86 ST	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VOTING DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-BAPTISTE, KESNER		NAME	WASHINGTON D. Dieu Juste	
STREET ADDRESS	5306 NW 190 LN		STREET ADDRESS	2770 SOMERSET DR. APT # R/104	
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP	Lauderdale LAKES, FL 33311	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELVA, PIERRE R		NAME	Allan Joseph	
STREET ADDRESS	2200 ALCAZAR		STREET ADDRESS	860 NE 1ST TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIAMI, FL 33162	
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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66003274

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number  
010821825Applied For  
Not Applicable5. 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

JOSEPH, FRITZ  
2222 SW 80 TERR  
MIRAMAR, FL 33025

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

Filing Fee is \$61.25  
Due by May 1, 20059. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	EDP	<input type="checkbox"/> Delete
NAME	JOSEPH, FRITZ	
STREET ADDRESS	2222 SW 80 TERR	
CITY-ST-ZIP	MIRAMAR, FL 33025	

TITLE	C	<input type="checkbox"/> Delete
NAME	DORVAL, MADOCHÉ	
STREET ADDRESS	2401 SW 28 ST #204	
CITY-ST-ZIP	COCONUT CREEK, FL 33132	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TERMA, ROGER	
STREET ADDRESS	5156 SW 129 TERR	
CITY-ST-ZIP	MIRAMAR, FL 33027	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARCHILLE, JEAN	
STREET ADDRESS	860 NW 168 TERR	
CITY-ST-ZIP	MIAMI, FL 33169	

TITLE	VD	<input type="checkbox"/> Delete
NAME	JEAN-BAPTISTE, KESNER	
STREET ADDRESS	5306 NW 190 LN	
CITY-ST-ZIP	MIAMI, FL 33055	

TITLE	VD	<input type="checkbox"/> Delete
NAME	DELVA, PIERRE R	
STREET ADDRESS	2200 ALCAZAR	
CITY-ST-ZIP	MIRAMAR, FL 33023	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Voting Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thamare Poulard	
STREET ADDRESS	8104 NW 5th CT	
CITY-ST-ZIP	Miami, FL 33150	

TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD LOISEAU	
STREET ADDRESS	15030 NE 11th CT Apt. 1	
CITY-ST-ZIP	MIAMI, FL 33161	

TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE C. Jacotin	
STREET ADDRESS	4291 NW 36 AVE	
CITY-ST-ZIP	Lauderdale LAKES, FL 33309	

TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRITZ LEANDRE	
STREET ADDRESS	1315 NW 86 ST	
CITY-ST-ZIP	MIAMI, FL 33147	

TITLE	VOTING DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON D. Dieu Juste	
STREET ADDRESS	2770 SOMERSET DR. APT # R/104	
CITY-ST-ZIP	Lauderdale LAKES, FL 33311	

TITLE	VOTING DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan Joseph	
STREET ADDRESS	860 NE 1ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33162	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000009316</b>					
<b>1. Entity Name</b> F & J COMMUNITY DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 15702 NW 2 AVE MIAMI, FL 33169			<b>Mailing Address</b> 15702 NW 2 AVE MIAMI, FL 33169		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 010821825				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JOSEPH, FRITZ 2222 SW 80 TERR MIRAMAR, FL 33025			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> EDP <b>NAME</b> JOSEPH, FRITZ <b>STREET ADDRESS</b> 2222 SW 80 TERR <b>CITY-ST-ZIP</b> MIRAMAR, FL 33025	<input type="checkbox"/> Delete				
<b>TITLE</b> C <b>NAME</b> DORVAL, MADOCHE <b>STREET ADDRESS</b> 2401 SW 28 ST #204 <b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33132	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> TERMA, ROGER <b>STREET ADDRESS</b> 5156 SW 129 TERR <b>CITY-ST-ZIP</b> MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> ARCHILLE, JEAN <b>STREET ADDRESS</b> 860 NW 168 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> HEAN-BAPTISTE, KESNER <b>STREET ADDRESS</b> 5306 NW 190 LN <b>CITY-ST-ZIP</b> MIAMI, FL 33055	<input type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> DELVA, PIERRE R <b>STREET ADDRESS</b> 2200 ALCAZAR <b>CITY-ST-ZIP</b> MIRAMAR, FL 33023	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					

66003274

