


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

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-06-2006 90095 018 *****8.75
 03-01-2006 90004 011 *****52.50

DOCUMENT # N05000003212			
1. Entity Name JERUSALEM HAITIAN COMMUNITY CENTER, INC.			
Principal Place of Business 171 COMMERCIAL BLVD STE 26 NAPLES FL 34104		Mailing Address 171 COMMERCIAL BLVD STE 26 NAPLES FL 34104	
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 52-2457885		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINJUSTE, JACQUES G 171 COMMERCIAL BLVD STE 26 NAPLES FL 34104		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 _____ (NOTE: Registered Agent signature required when terminating)			
SIGNATURE _____ (NOTE: Registered Agent signature required when terminating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINJUSTE, JACQUES	NAME	
STREET ADDRESS	171 COMMERCIAL BLVD STE 26	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPENDRE, ADRIEN J	NAME	
STREET ADDRESS	171 COMMERCIAL BLVD STE 26	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	AD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROY, MARIE	NAME	
STREET ADDRESS	5434 SHELTS ST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>J. Sinjuste</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Jan. 23rd, 2006 , Daytime Phone #: 430-1421	



ATTACHMENT

40021316

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

JERUSALEM HAITIAN COMMUNITY CENTER, INC.
171 COMMERCIAL BLVD STE 26
NAPLES, FL 34104

Subject: JERUSALEM HAITIAN COMMUNITY CENTER, INC.

Reference Number:

N05000003212

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$52.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION