

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 006 ****70.00

DOCUMENT # N06000003609 1. Entity Name PHILADELPHIA HAITIAN BAPTIST CHURCH OF WEST PALM BEACH INC					
Principal Place of Business 3600 VILLAGE BLVD W PALM BEACH, FL 33409			Mailing Address 3600 VILLAGE BLVD W PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box # 855 JOG ROAD Suite, Apt. #, etc.		3. Mailing Address 4363 WILLOW BROOK CIR Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-1077105	
Zip 33415		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TISMA, JEAN R 4110 BEAR LAKES CT # 202 W PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name TISMA, JEAN R. Street Address (P.O. Box Number is Not Acceptable) 4363 WILLOW BROOK CIRCLE City WEST PALM BEACH FL Zip Code 33417		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 TISMA, JEAN R <input checked="" type="checkbox"/> Delete 4110 BEAR LAKES CT - # 202 W PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PASTOR TISMA, JEAN R. 4363 WILLOW BROOK CIRCLE WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASSISTANT PASTOR JEAN-CHARLES, MILIEN 15720 NE 4TH AVENUE NORTH MIAMI, FLORIDA 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADMINISTRATOR ELIE, JACQUELINE 4782 VICTORIA CIRCLE WEST PALM BEACH, FLORIDA 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER ETIENNE, JERTHO 1885 BENOIT FARM ROAD, APT.10 WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEACON JOSEPH, JEAN 519 TOCCOARD ROAD WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COUNSELLOR CHARLES, GOMER 519 TOCCOARD ROAD WEST PALM BEACH, FL 33413	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-19-07 (561) 689-1287 <small>Daytime Phone #</small>		