2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14387

FILED Jan 26, 2005 Secretary of State

Entity Name: FIRST HAITIAN BAPTIST CHURCH OF POMPANO BEACH, FLORIDA, INC.

	Principal Place of Business:	New Principal Place of Business:
333 HAMN	JACQUES DUMORNAY MONDVILLE RD. O BEACH, FL 33060	
Current N	Mailing Address:	New Mailing Address:
333 HAMN	JACQUES DUMORNAY MONDVILLE RD. O BEACH, FL 33060	
FEI Number	r: 59-2662964 FEI Number Appli	ed For () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Current Registere	d Agent: Name and Address of New Registered Agent:
333 HAMN	IAY, JACQUES MONDVILLE RD. O BEACH, FL 33060 US	
	e named entity submits this stater e of Florida.	nent for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Re	gistered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	CD () Delete DUMORNAY, JACQUES,	Title: () Change () Addition Name:
	1584 NW 65TH AVENUE MARGATE, FL	Address: City-St-Zip:
City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MARGATE, FL V () Delete DUMORNAY, RAYMONDE, 1584 NW 65TH AVE.	City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	MARGATE, FL V () Delete DUMORNAY, RAYMONDE, 1584 NW 65TH AVE. MARGATE, FL D () Delete IMBERT PIERRE NIXON, 6413 BRAEBURN	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address:	MARGATE, FL V () Delete DUMORNAY, RAYMONDE, 1584 NW 65TH AVE. MARGATE, FL D () Delete IMBERT PIERRE NIXON, 6413 BRAEBURN NORTH LAUDERDALE, FL T () Delete MITTON, MARIE JOSE', 1318 INTERLACHEN ST.	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES DUMORNAY REV 01/26/2005