2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N18616

1. Entity Name
MIAMI-HAITIAN WESLEYAN CHURCH, INC.

Principal Place of Business	Mailing Address
922 NW 119TH ST SUITE 922 MIAMI, FL 33168 US	15885 NE 2ND AVE MIAMI, FL 33162 US

07142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-2221261
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ST HILLAIRE, PLANEL
15885 NE 2ND AVE
MIAMI, FL 33162

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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: Planel St. Hilaire 7/14/04
(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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001866792
07/16/04-80011-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ST. HILAIRE, ALPHONSE
STREET ADDRESS	731 LONG ISLAND AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	ST. HILAIRE, PLANEL
STREET ADDRESS	15885 NE 2ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	SAINVIL, ASTENIE
STREET ADDRESS	535 NW 111ST
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	CHANTAL, EMILE
STREET ADDRESS	1840 S GLADE DR
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	TD
NAME	PREVENU, ERMILUS
STREET ADDRESS	12515 NW 18TH CT
CITY-ST-ZIP	MIAMI, FL
TITLE	TR
NAME	PROLYTE, DELINCE
STREET ADDRESS	15800 NE 14TH CT
CITY-ST-ZIP	MIAMI, FL

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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: Planel St. Hilaire 7/14/04 (305) 944-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #