

# 2004 UNIFORM BUSINESS REPORT (UBR)

0024346

DOCUMENT # **N18660**

1. Entity Name

**EMMAUS BAPTIST MISSION, INC.**

FILED

04 MAY -7 PM 9:12

Principal Place of Business

Mailing Address

840 N.W. 100 STREET  
MIAMI FL 33150  
US

840 N.W. 100 STREET  
MIAMI FL 33150  
US

SECRETARY OF STATE  
4-28-04 01.0081001 6125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0233577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

SINORD, ROULY  
230 NORTHEAST 171ST TERRACE  
NORTH MIAMI BEACH FL 33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEAN-HILAIRE, FELIX	
STREET ADDRESS	15015 NE 10 AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEAN-HILAIRE, JEANNETTE	
STREET ADDRESS	15015 NE 10 AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMMILIEN, NEUF N	
STREET ADDRESS	9150 NORTHWEST 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERRE, ALTENISE	
STREET ADDRESS	2040 NE 170 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or change of control attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*

REV. FELIX JEAN-HILAIRE

04-23-04

CR2E037 (9/01)