

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -8 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29712 (9)

1. Corporation Name

FIRST HAITIAN BAPTIST MISSION, INC.

Principal Place of Business

Mailing Address

EAST NAPLES
MIDDLE SCHOOL
NAPLES FL 33962
US

5206 MITCHELL ST.
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1988

3a. Date of Last Report
03/25/1994

4. FEI Number
26-4370019

Applied For
Not Applicable

2. Principal Place of Business
21 EAST NAPLES

2a. Mailing Address
26 5206 MITCHELL ST. N. FLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 FLA

City & State
28 FLA

Zip
24 33962

Country
25 COLLIER

Zip
29 33962

Country
30 COLLIER

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONASSAINT, ABEDE N.
5206 MITCHELL STREET
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JONASSAINT, ABEDE N
5206 MITCHELL STREET
NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Abe N. Jonassaint
5206 Naples FLA. Mitchell
33962 President

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MERONE, PIERRE L.
5346 WARREN STREET
NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
N/A

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ETIENNE, LUCKNER
3177 WOODSIDE AVENUE
NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
N/A

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pierre L. Merone
5346 Warren St.
Naples FL 33962

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
N/A

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
3177 Woodside Ave
Naples FL 33962

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
N/A

Change ☐ Addition ☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
N/A

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)

1-413-775-1767

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