2004 NOT-FOR-PROFIT CORPORATION ANNUAL·REPORT

DOCUMENT # N33233

1. Entity Name
FIRST FORT LAUDERDALE HAITIAN MISSIONARY
BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1108 NORTHWEST 1ST AVENUE FT. LAUDERDALE, FL 33311	770 NORTHWEST 37TH STREET OAKLAND PARK, FL 33309

DO NOT WRITE IN THIS SPACE

04232004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-0213968	Not Applicable

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

6. Name and Address of Current Registered Agent

SAINT JEAN, DIEUSEUL
770 NORTHWEST 37TH STREET
OAKLAND PARK, FL 33309

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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, i   n the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

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 May 1, 2004

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

100000133558
04/27/04-80093-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAINT JEAN, DIEUSEUL
STREET ADDRESS	770 NORTHWEST 37TH STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D
NAME	SAINT JEAN, GINETTE
STREET ADDRESS	770 NORTHWEST 37TH STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D
NAME	SOUFFRANCE, SILLET
STREET ADDRESS	610 NE 15TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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, an   d that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Dieuseul Saint Jean

SIGNATURE: _Dieuseul Saint Jean_   4/23/04   954-588-5083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #