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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N37497 (7)

1. Corporation Name

HAITIAN FIRST ASSEMBLY OF GOD OF IMMOKALEE, FLOR
IDA, INC.

Principal Place of Business

Mailing Address

320 S FIRST ST
IMMOKALEE FL 33934

320 S FIRST ST
IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0341264

Applied For

Not Applicable

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. 100.072,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBRUN, ANNUEL
320 S FIRST ST
IMMOKALEE FL 33934

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LEBRUN, ANNUEL
STREET ADDRESS	402 FAHRNEY ST
CITY - ST - ZIP	IMMOKALEE FL
TITLE	V
NAME	PIERRE, RENOLD
STREET ADDRESS	321 S 6TH COURT
CITY - ST - ZIP	IMMOKALEE FL
TITLE	D
NAME	VILMEUS, PHILIA
STREET ADDRESS	420 W DELAWARE
CITY - ST - ZIP	IMMOKALEE FL
TITLE	ST
NAME	ST FLEUR, NICOLAS
STREET ADDRESS	404 FAHRNEY ST
CITY - ST - ZIP	IMMOKALEE FL
TITLE	D
NAME	VILMEUS, ELINA
STREET ADDRESS	420 W DELAWARE
CITY - ST - ZIP	IMMOKALEE FL
TITLE	D
NAME	CHARLES, ANES
STREET ADDRESS	114 FARM WORKER VILLAGE
CITY - ST - ZIP	IMMOKALEE FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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 recorder 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:

ANNUEL LEBRUN

4/30/95

(813) 657-4070