

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90065 008 \*\*\*\*61.25

**DOCUMENT # N37864**

1. Entity Name

HAITIAN CHURCH OF THE BRETHREN, INC.



Principal Place of Business

520 NW 103 ST.  
MIAMI FL 33150  
US

Mailing Address

545 NW 102 ST.  
MIAMI FL 33150  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0202162

Applied For

Not Applicable

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

LUDOVIC, ST. FLEUR  
545 NW 102 ST.  
MIAMI FL 33150

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: ST FLEUR, LUDOVIC  
STREET ADDRESS: 2400 N MIAMI AVE.  
CITY-ST-ZIP: MIAMI FL

TITLE: D ☐ Delete  
NAME: JOSEPH, MARIE A  
STREET ADDRESS: 430 NW 104 ST.  
CITY-ST-ZIP: MIAMI FL 33150

TITLE: D ☐ Delete  
NAME: PIERRE, HENRY K.  
STREET ADDRESS: 55 NW 52  
CITY-ST-ZIP: MIAMI FL

TITLE: D ☐ Delete  
NAME: SUTTON, WAYNE  
STREET ADDRESS: 680 NE 165 ST N  
CITY-ST-ZIP: MIAMI BEACH FL 33162

TITLE: D ☐ Delete  
NAME: JOSEPH, SILFIDA  
STREET ADDRESS: 942 NE 108 ST  
CITY-ST-ZIP: MIAMI FL 33161

TITLE: D ☐ Delete  
NAME: LEDESE, JASMIN  
STREET ADDRESS: 1665 NW 121 ST.  
CITY-ST-ZIP: MIAMI FL 33167

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition  
NAME: SERVILIA ATTELUS  
STREET ADDRESS: 1190 NW 122 ST N. MIA.  
CITY-ST-ZIP: FL 33168

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: LUDOVIC ST-FLEUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07

Date

305-758-6284

Daytime Phone #