


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37864 1. Entity Name HAITIAN CHURCH OF THE BRETHREN, INC.						FILED 10 JUN 24 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LUDOVIC, ST. FLEUR 545 NW 102 ST. MIAMI, FL 33150				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-0202162			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D ST FLEUR, LUDOVIC 2400 N MIAMI AVE. MIAMI, FL				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
D JOSEPH, MARIE A 430 NW 104 ST. MIAMI, FL 33150				Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
D PIERRE, HENRY K. 53 NW 52 MIAMI, FL				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
D FIELD, DAMON WAGNER 18200 NW 22ND AVE. OPA-LOCKA, FL				Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
D JOSEPH, SILFIDA 942 NE 108 ST MIAMI, FL 33161				Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
D LEDESE, JASMIN 1665 NW 121 ST. MIAMI, FL 33167				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Ludovic St-FLEUR</i>				Date: <i>06-10-10</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>305-758-6284</i>			