2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State
07-20-2004 90001 049 ****75.00

DOCUMENT # N38657

1. Entity Name
HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.

54063702

Principal Place of Business	Mailing Address
11629 N.W. 7TH AVE, Ste. A. MIAMI, FL 33168 US	11629 N.W. 7TH AVE MIAMI, FL 33168 US

05312004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11629 NW 7 Ave	11629 NW 7 Ave
Suite, Apt. #, etc. Ste. A	Suite, Apt. #, etc. Ste. A.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33168 Country U.S.A.	Zip 33168 Country U.S.A.

4. FEI Number 65-0203195 ☐ 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
~~ALEXANDER, GARY CPA~~ change ~~8201 PETERS ROAD, SUITE 1000~~ ~~PLANTATION, FL 33324~~	Name J.C. PETER Street Address (P.O. Box Number is Not Acceptable) 1305 NW 203 STR. City MIAMI FL Zip Code 33169

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 J. C. Peter, J.C. PETER June 29, 2004
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 September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANCOIS, JEAN F 11631 NW 7 AVE MIAMI, FL 33168	☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Rev. JACqueline Jean 12555 NW 1 Ave MIAMI, FL 33168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ANTOINE, JEANNETTE 3537 SW 175TH AVE MIRAMAR, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANTOINE-CHAPIESKY, LISNA 12555 NW 1 AVE MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JEAN, ARNOLD 690 N.E. 133RD ST., APT 16 MIAMI, FL 33161	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Jimmy Saint-Surin 3537 SW 175 AVE MIRAMAR, FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAINTA, CHARLES 1155 NW 7TH AVENUE MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

(305)685-9669

SIGNATURE: Rev. Jacqueline Jean JACQUELINE JEAN, PD 06-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #