2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N38996

1. Entity Name
FIRST HAITIAN BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business	Mailing Address
4701 LENOX BLVD ORLANDO, FL 32811 US	PO BOX 585857 ORLANDO, FL 32858 US

01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3046205
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILS-AIME, ANTOINE V PASTOR
2201 KINGSLAND AVE
ORLANDO, FL 32808

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

SIGNATURE _____ DATE
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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FILS-AIME', ANTOINE V
STREET ADDRESS	2201 KINGSLAND AVE.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	PIERRE, LUCKNY F
STREET ADDRESS	216 LONGLEAF CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	BALTAZAR, YVES
STREET ADDRESS	1714 GRANT ST.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	LAHENS, BERBINO
STREET ADDRESS	5716 WINGATE DR
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/05-80066-014 61.25

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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; 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: Antoine V Fils-Aime' February 11, 2005 (407) 578-6988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #