


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N42982 1. Entity Name CENTRAL HAITIAN CHURCH OF CHRIST INC |  |
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|---|--|
| Principal Place of Business 1201 NW 27 AVE FT LAUDERDALE, FL 33311 US | Mailing Address 4845 N.W. 2ND PLACE PLANTATION, FL 33317 |
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01202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 65-0599372 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**EDOUARDO, SURIN N
4845 N.W. 2ND PLACE
PLANTATION, FL 33317**

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IN THIS SPACE**

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]
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 May 1, 2008**

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

U000000814165
02/13/08-80033-014 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EDOUARD, SURIN 4845 N.W. 2ND PLACE PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PHILIPPE, LUDERS J 1201 N.W. 27TH AVENUE FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TELLUS, ST. GERARD 1201 N.W. 27TH AVENUE FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JOSEPH, TALMA 1201 N.W. 27TH AVENUE FT. LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

[Signature] **SURIN EDUARDO President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #