


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N92000000584 (4)**

1. Corporation Name

FIRST HAITIAN BAPTIST CHURCH OF N.M.B., INC.

Principal Place of Business

Mailing Address

**15393 N MIAMI AVE
NORTH MIAMI BEACH FL 33169
US**

**15395 N. MIAMI AVE.
NORTH MIAMI BEACH FL 33169**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

65-0375062

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**TOUSSAINT, PIERRE L
1580 N.E. 161TH STREET
N. MIAMI BEACH FL 33162**

**NERVA LAROSE
960 NE 155 ST
N.M.B. FL.
33162**

81 Name

NERVA LAROSE

82 Street Address (P.O. Box Number is Not Acceptable)

83 960 NE 55 ST

84 City N. MIAMI BEACH FL

85 Zip Code 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

NERVA R. LAROSE

NERVA R. LAROSE

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JULIEN, RONEL REV.**
STREET ADDRESS **960 NE 160 ST**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **VD** ☐ DELETE
NAME **JULIEN, FRANCE**
STREET ADDRESS **960 NE 160 ST**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **JOSEPH, COEURCIVIL**
STREET ADDRESS **1352 N.E. 149TH STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **TO** ☐ DELETE
NAME **TOUSSAINT, ROSELENE**
STREET ADDRESS **1580 N.E. 161ST STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NERVA R. LAROSE

4-6-98

CR2E037 (10/97)