


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90314 025 ****61.25

DOCUMENT # N92000000584
1. Entity Name
FIRST HAITIAN BAPTIST CHURCH OF N.M.B., INC.




Principal Place of Business Mailing Address
15395 N. MIAMI AVE 15395 N. MIAMI AVE.
NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL 33169
US

2. Principal Place of Business 3. Mailing Address
15395 N. MIAMI AVE *Same*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. MIAMI A

Zip Country Zip Country
33169 MIAMI-DADE



1st MOORE CR2E037 (10/04)
4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAROSE, NERVA
960 NE 155 ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
Name *NERVA LAROSE*
Street Address (P.O. Box Number is Not Acceptable)
960 NE 155 ST
City *N. MIAMI BEACH* FL Zip Code *33162*

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 *NerVa Larose* (NOTE Registered Agent signature required when reinstating) DATE *4-18-05*

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JULIEN, RONEL REV.	
STREET ADDRESS	960 NE 160 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JULIEN, FRANCE	
STREET ADDRESS	960 NE 160 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, COEURCIVIL	
STREET ADDRESS	1352 N.E. 149TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOUSSAINT, ROSELENE	
STREET ADDRESS	1580 N.E. 161ST STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE: *4-18-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #