


**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*      *Same*

Zip      Country      Zip      Country  
*33169*      *MIAMI - DADR*



1st MOORE      CR2E037 (10/04)

4. FEI Number       Applied For  
**NO-T APPLICABLE**       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*      DATE *4-18-05*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JULIEN, RONEL REV. <input type="checkbox"/> Delete 960 NE 160 ST MIAMI FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JULIEN, FRANCE <input type="checkbox"/> Delete 960 NE 160 ST MIAMI FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, COEURCIVIL <input type="checkbox"/> Delete 1352 N.E. 149TH STREET N. MIAMI BEACH FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOUSSAINT, ROSELENE <input type="checkbox"/> Delete 1580 N.E. 161ST STREET N. MIAMI BEACH FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

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