

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90077 029 \*\*\*\*61.25

DOCUMENT # N92000000584

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



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

Mailing Address  
 15395 N. MIAMI AVE.  
 NORTH MIAMI BEACH, FL 33169

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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

**DO NOT WRITE 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: NERVA LAROSE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-09-06

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Pass away P.D</u> JULIEN, RONEL REV. 960 NE 160 ST MIAMI, FL 33162	ETIENNE, CLAUDE NOÉ REV. 865 NW 155 LN APT 206 MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JULIEN, FRANCE 960 NE 160 ST MIAMI, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, COEURCIVIL 1352 N.E. 149TH STREET N. MIAMI BEACH, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOUSSAINT, ROSELENE 1580 N.E. 161ST STREET N. MIAMI BEACH, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE 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: NERVA LAROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-06

Date

305) 940-0648

Daytime Phone #