

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000584

FILED  
Apr 25, 2007  
Secretary of State

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

**Current Principal Place of Business:**

15395 N. MIAMI AVE  
NORTH MIAMI BEACH, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAROSE, NERVA  
960 NE 155 ST  
N. MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ETIENNE, CLAUDE N REV  
Address: 865 NW 155 LN APT 206  
City-St-Zip: MIAMI, FL 33169

Title: VD ( ) Delete  
Name: JULIEN, FRANCE  
Address: 960 NE 160 ST  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: JOSEPH, COEURCIVIL  
Address: 1352 N.E. 149TH STREET  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: TD ( ) Delete  
Name: TOUSSAINT, ROSELENE  
Address: 1580 N.E. 161ST STREET  
City-St-Zip: N. MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE ETIENNE

PD

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date