

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0410171** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

DOCUMENT # N93000001964				
1. Entity Name FRATERNITY BAPTIST CHURCH, INC.				
Principal Place of Business 13300 NE 7TH AVE MIAMI FL 33161 US		Mailing Address 13300 NE 7TH AVE MIAMI FL 33161 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent ATHOURISTE, WISMY REV 511 NW 96 TERRACE PEMBROKE PINES FL 33024				
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				

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

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, 2006**

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	P	<input type="checkbox"/> Delete
NAME	ATHOURISTE, WISMY	
STREET ADDRESS	511 NW 96 TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EYMA, NELLY	
STREET ADDRESS	251 N.W. 67 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JEAN-JACQUES, VASQUEZ	
STREET ADDRESS	813 SW 9TH ST., #B	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TIMOTHE, WILLY	
STREET ADDRESS	340 N.W. 116 ST.	
CITY - ST - ZIP	MIAMI FL	
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"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wismy Athouriste* **WISMY ATHOURISTE** 4-23-06 305-308-525