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FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002385 (2)**

1. Corporation Name

HAITI MISSION WORLD OUTREACH, INC.



Principal Place of Business

Mailing Address

**3055 NW 5TH AVE
MIAMI FL 33127**

**3055 NW 5TH AVE
MIAMI FL 33127-3727**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

03/30/1996

4. FEI Number

23-7401384

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MONCITO, MAXIME REV.
3055 NW 5TH AVE
MIAMI FL 33127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MONCITO, MAXIME REV**
STREET ADDRESS **3055 NW 5TH AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME **VD
MONCITO, MARIE H**
STREET ADDRESS **3055 NW 5TH AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME **ST
VINCENT, JOSEPH REV**
STREET ADDRESS **3055 NW 5TH AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME **VD
BONHOMME, JOSEPH REV**
STREET ADDRESS **438 NE 75 ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ DELETE

NAME **T
BONHOMME, IVENIE**
STREET ADDRESS **438 NE 75 ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ DELETE

NAME **T
ALPHONSE, GERTRUDE**
STREET ADDRESS **150 NW 99 ST**
CITY-ST-ZIP **MIAMI FL 33150**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028322

4/28/97

CR2E037 (9/96)