



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002877 1. Entity Name FIRST HOREB HAITIAN BAPTIST CHURCH, INC.	
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Principal Place of Business 237 JOEL BLVD LEHIGH ACRES, FL 33972 US	Mailing Address P.O. BOX 905 LEHIGH ACRES, FL 33970 US
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DO NOT WRITE IN THIS SPACE


04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0555271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATHEUS, JEROME G 406 7TH E STREET LEHIGH ACRES, FL 33922	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEUS, JEROME G 406 7TH E STREET LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHEWS, FRANTZ 406 7TH STREET E LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, JEANNE E 1144 NAVAJO AVENUE LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULMEUS, MARIE L 419 GREENWOOD AVENUE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80055-017 70.00

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: Jerome G. Matheus Jerome G. Matheus 4-27-07 (239) 368-1249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #