

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002877**

1. Entity Name  
**FIRST HOREB HAITIAN BAPTIST CHURCH, INC.**



Principal Place of Business  
**237 JOEL BLVD  
LEHIGH ACRES, FL 33972 US**

Mailing Address  
**P.O. BOX 905  
LEHIGH ACRES, FL 33970 US**



04292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0555271**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MATHEUS, JEROME G  
STREET ADDRESS 406 7TH E STREET  
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE V  
NAME MATHEWS, FRANTZ  
STREET ADDRESS 406 7TH STREET E  
CITY-ST-ZIP LEHIGH ACRES, FL

TITLE D  
NAME BERNARD, JEANNE E  
STREET ADDRESS 1144 NAVAJO AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D  
NAME JULMEUS, MARIE L  
STREET ADDRESS 419 GREENWOOD AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000952829 70.00  
06/05/08-80004-005 558.75

**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:**

*Jerome G. Matheus* **Jerome G. MATHEUS** 4/29/08 239-368-1249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #