

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003664

FILED
Apr 23, 2005
Secretary of State

Entity Name: FIRST HAITIAN CHRISTIAN CHURCH INC.

Current Principal Place of Business:

1301 AVENUE B
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2125
FORT PIERCE, FL 34954

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:

ULYSSE, SALONY
510 SO. 22ND STREET
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

ULYSSE, SALONY
510 SO. 22ND STREET
APT. A
FORT PIERCE, FL 34950 US

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: SALONY ULYSSE

04/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ST. GERMAIN, FLERINE
Address: 509 S. 22ND ST. APT. A
City-St-Zip: FORT PIERCE, FL 34950

Title: VD () Delete
Name: MICHELE, FRITZ
Address: 1811 AVE. K
City-St-Zip: FORT PIERCE, FL

Title: TD () Delete
Name: ERVILUS, MARIANNA
Address: 1201 N. 16TH CT.
City-St-Zip: FORT PIERCE, FL

Title: SD () Delete
Name: ERVILUS, ST JUDE
Address: 309 SW KENTWOOD RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DCM () Delete
Name: ULYSSE, SALONY
Address: 510 S. 22ND ST. APT. A
City-St-Zip: FORT PIERCE, FL 34950

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALONY ULYSSE

DCM

04/23/2005

Electronic Signature of Signing Officer or Director

Date