## 2004 NOT-FOR-PROFIT CORPORATION

## Apr 23, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N94000003941 04-23-2004 90208 002 \*\*\*\*61.25 HAITÍAN BETHESDA BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 54039149 293 AIRPORT ROAD P.O. BOX 8101 US NAPLES, FL 33941 NAPLES, FL 34104 04192004 No Chg-NP CR2E037 (10/03) DO\_NOT\_WRITE-IN-THIS-SPACE Applied For 4. FEI Number 65-0518849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LUCKNER, JOSEPH DO NOT WRITE 518 11ST N NAPLES, FL 34102 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Due by May 1, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DORNEVIL, MARC M STREET ADDRESS 1319 GRANADA BLVD CITY-ST-ZIP NAPLES, FL 34103 TITLE NAME DORNEVIL, ETILIA STREET ADDRESS 1319 GRANDA BLVD CITY-ST-ZIP NAPLES, FL 34103 TITLE D NAME LUCKNER, JOSEPH STREET ADDRESS 518 11TH ST N DO NOT WRITE CITY - ST - ZIP NAPLES, FL 34102 TITLE IN THIS SPACE NAME DORNEVIL, MARC M STREET ADDRESS 1319 GRANADA BLVD CITY-ST-ZIP NAPLES, FL 34103 TITLE DORNEVIL, ETILIA NAME STREET ADDRESS 6319 GRANADA BLVD CITY-ST-ZIP NAPLES, FL 34103 TITLE

12. I 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 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

STREET ADDRESS CITY - ST - ZIP

**FILED**