

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005627 (4)

1. Corporation Name

HAITIAN FLORIDA CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

3100 SW 37TH AVE.
HOLLYWOOD FL 33023

3100 SW 37TH AVE.
HOLLYWOOD FL 33023

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0551758

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUISME, JEAN
3100 SW 37TH AVE.
HOLLYWOOD FL 33023

81 Name

JEAN LOUISME (SAME)

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

83

SAME

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LOUISME, JEAN**
STREET ADDRESS **3100 SW 37TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☒ DELETE
NAME **JUNOT, JOSEPH**
STREET ADDRESS **8343 NE 3RD CT.**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ DELETE
NAME **JEAN PIERRE, SIMONE**
STREET ADDRESS **174 NW 106 STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33137**

TITLE **D** ☐ DELETE
NAME **BARTHELEMY, CARLOS**
STREET ADDRESS **3100 SW 37TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☒ DELETE
NAME **VALIMIR, LECLERC**
STREET ADDRESS **311 NE 90TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
1.2 NAME **JEAN LOUISME**
1.3 STREET ADDRESS **SAME ADDRESS**
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **JUNO Joseph**
2.3 STREET ADDRESS **SAME ADDRESS.**
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **JEAN Pierre Simone**
3.3 STREET ADDRESS **SAME ADDRESS**
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Barthelemy Carlos**
4.3 STREET ADDRESS **SAME ADDRESS**
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **VLADIMIR Leclerc**
5.3 STREET ADDRESS **SAME 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)