

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003733

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** PREMIERE EGLISE BAPTISTE HAITIENNE DE JACKSONVILLE, INC.

**Current Principal Place of Business:**

705 MCDUFF AVENUE SOUTH  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 60964  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 20-4931507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COULANGES, ORESTE  
9943 TIMBER FALLS LN  
JACKSONVILLE, FL 32219 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** CHARLEUS, JACQUES  
**Address:** 990 TOWNSEND BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32211

**Title:** D  
**Name:** ALTEUS, JEAN PRESOIR  
**Address:** 7353 LAWN TENNIS LANE  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** TD  
**Name:** CHARLES, DEZIUS  
**Address:** 11534 JUDICIAL DR  
**City-St-Zip:** JACKSONVILLE, FL 32246

**Title:** SD  
**Name:** LEONEL, RESIGNAC JEAN  
**Address:** 5258 PLYMOUTH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** PD  
**Name:** COULANGES, ORESTE  
**Address:** 9943 TIMBER FALLS LN  
**City-St-Zip:** JACKSONVILLE, FL 32219 US

**Title:** O  
**Name:** MICHAEL, PAUL  
**Address:** 2009 STABLE GATE LANE  
**City-St-Zip:** ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

**SIGNATURE:** ORESTE COULANGES

**REV.**

**04/21/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date