

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90339 027 ****61.25

DOCUMENT # N95000004188

1. Entity Name

EGLISE BAPTISTE HAITIENNE DU SINAI, INC.



Principal Place of Business

321 NE 170 ST
N MIAMI BEACH FL 33162
US

Mailing Address

4476 NW ALSACE AVE
PORT SAINT LUCIE FL 34983
US

2. Principal Place of Business

4476 N.W. Alsace Ave
Suite, Apt. #, etc.

3. Mailing Address

4476 N.W. Alsace Ave
Port Saint Lucie



MOORE CR2E037 (11/03)

City & State

Port Saint Lucie Fl.

City & State

Port Saint Lucie Fl.

Zip
34943

Country
S.L.C.

Zip
34983

Country
S.L.C.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUSSAINT, MARC
321 N.E. 170 ST
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name: Marc Toussaint
Street Address (P.O. Box Number is Not Acceptable):
4476 N.W. Alsace Ave
City: Port Saint Lucie FL Zip Code: 34983

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

Marc Toussaint

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-04-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	TOUSSAINT, RUTH S	<input type="checkbox"/> Delete
NAME		321 NE 170 ST.	
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE	D	CAZEAU, MARILYN T	<input type="checkbox"/> Delete
NAME		1128 NW 116TH TERRACE	
STREET ADDRESS		MIAMI FL 33168	
CITY-ST-ZIP			
TITLE	D	CAZEAU, HOSNY	<input type="checkbox"/> Delete
NAME		1128 NW 116TH TERRACE	
STREET ADDRESS		MIAMI FL 33168	
CITY-ST-ZIP			
TITLE	D	TOUSSAINT, ANNA L	<input type="checkbox"/> Delete
NAME		321 NE 170 ST.	
STREET ADDRESS		MIAMI FL 33147	
CITY-ST-ZIP			
TITLE	D	MYLA, GERTHA	<input type="checkbox"/> Delete
NAME		1940 NW 188 TERRACE	
STREET ADDRESS		MIAMI FL 33056	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marc Toussaint

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-04

Date

(772) 340-1089

Daytime Phone #