

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90068 003 ****61.25

DOCUMENT # N95000004188

1. Entity Name

EGLISE BAPTISTE HAITIENNE DU SINAI, INC.



Principal Place of Business

4476 N.W. ALSACE AVE
PORT SAINT LUCIE FL 34983
US

Mailing Address

4476 N.W. ALSACE AVE
PORT SAINT LUCIE FL 34983
US



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUSSAINT, MARC
4476 N.W. ALASCE AVE
PORT SAINT LUCIE FL 34983

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME TOUSSAINT, RUTH S
STREET ADDRESS 321 NE 170 ST.
CITY-ST-ZIP MIAMI FL 33147

TITLE ☒ Change ☐ Addition
NAME *Roussaint Ruth S*
STREET ADDRESS *4476 N.W. Alsace Ave*
CITY-ST-ZIP *Port St. Lucie FL 34983*

TITLE D ☐ Delete
NAME CAZEAU, MARILYN T
STREET ADDRESS 1128 NW 116TH TERRACE
CITY-ST-ZIP MIAMI FL 33168

TITLE ☒ Change ☐ Addition
NAME *cazeau Marilyn T*
STREET ADDRESS *8066 105th*
CITY-ST-ZIP *vero Beach FL 32967*

TITLE D ☐ Delete
NAME CAZEAU, HOSNY
STREET ADDRESS 1128 NW 116TH TERRACE
CITY-ST-ZIP MIAMI FL 33168

TITLE ☒ Change ☐ Addition
NAME *cazeau Hosny*
STREET ADDRESS *8066 105th*
CITY-ST-ZIP *vero Beach FL 32967*

TITLE D ☐ Delete
NAME TOUSSAINT, ANNA L
STREET ADDRESS 321 NE 170 ST.
CITY-ST-ZIP MIAMI FL 33147

TITLE ☒ Change ☐ Addition
NAME *Toussaint, Anna L*
STREET ADDRESS *50 N.W. 204th Blvd Unit 31*
CITY-ST-ZIP *Miami FL*

TITLE ☒ Delete
NAME MYLA, GERTHA
STREET ADDRESS 1940 NW 188 TERRACE
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **MARC TOUSSAINT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-08-05 340-1089