

# 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 # N95000005488 (0)**

1. Corporation Name

**EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER, INC**



Principal Place of Business

7321 NE 2ND AVENUE  
MIAMI FL 33138

Mailing Address

7321 NE 2ND AVENUE  
MIAMI FL 33138

3. Date Incorporated or Qualified  
**11/20/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **7321 NE 2nd Ave**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**Miami**

29 City & State

24 Zip

Country

Zip

Country

**33138**

**U.S.A.**

29

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9. Name and Address of Current Registered Agent

**DOLNIER, PAUL M  
1107 NE 117TH STREET  
NO. MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name **Emmanuel Marcellus**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7321 N.E. 2nd Ave**

83

84 City **Miami**

FL

85 Zip Code **33138**

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 **Emmanuel Marcellus**  
Signature, typed or printed name of registered agent and title if applicable

**EMMANUEL MARCELLUS 11/17/96**  
(NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ALCINDOR, PIERRE M**  
STREET ADDRESS **13025 SW 107TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ DELETE  
NAME **INMA, ANTOINE**  
STREET ADDRESS **11750 NO. MIAMI AVENUE**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **D** ☐ DELETE  
NAME **MONDE, ERODE**  
STREET ADDRESS **421 NW 118TH STREET**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **TD** ☐ DELETE  
NAME **MARCELLUS, EMMANUEL**  
STREET ADDRESS **1840 NW 135TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE  
NAME **DELVA, VERNET**  
STREET ADDRESS **160 NW 68TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET 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: **Pierre M. Alcindor** **PIERRE M. ALCINDOR** **11/17/96** **(305) 757-7515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)