

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005488

1. Entity 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**



04282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0584599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCELLUS, EMMANUEL
1840 NW 135 STREET
MIAMI, FL 33167**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000346400
04/30/05-80075-010 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXY, WILNER 1138 N.W. 101 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERTIL, RICOT 12825 N.E. 2ND AVENUE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EUGENE, RONALD 717 N.W. 177 AVENUE PEMBROKE, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHALEMONT, CAROLE 7321 N.E. 2ND AVENUE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORTELUS, CONSTANCE 9119 NORTH MIAMI AVENUE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #