## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N95000005488 02-15-2006 90036 010 \*\*\*\*69.00 EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER. INC. Principal Place of Business Mailing Address 7321 NE 2ND AVENUE MIAMI FL 33138 7321 NE 2ND AVENUE MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0584599 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCELLUS/EMMANUEL Street Address (P.O. Box Number is Not Acceptable) 1840 NW 135 STREET MIAMI-FL 33167 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 2-3-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Change ☐ Addition NAME MAXY, WILNER NAME STREET ADDRESS 1138 N.W. 101 STREET STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FERTIL, RICOT NAME NAME 12825 N.E. 2ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition EUGENE, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 717 N.W. 177 AVENUE PEMBROKE FL 33029 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TD ☐ Change TITLE ☐ Delete TITLE CHALEMONT, CAROLE NAME NAME 7321 N.E. 2ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP SD TITLE ☐ Detete ☐ Change Addition NORTELUS, CONSTANCE NAME 9119 NORTH MIAMI AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

9-3-06

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

mail

FILED

Feb 15, 2006 8:00 am