

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90132 010 \*\*\*\*61.25

0050326

**DOCUMENT # N96000000904**

1. Corporation Name

**SILOE HAITIAN BAPTIST CHURCH, INC.**

Principal Place of Business

1608 E GENESE  
TAMPA, FL  
TAMPA FL 33610  
US

Mailing Address

5815 E. OSBORNE  
TAMPA FL 33610



2. Principal Place of Business

21 **1608 E. Genesee St**

2a. Mailing Address

26 **703 Tuscanney St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Tampa FL.**

27

City & State

City & State

23

28 **Brandon FL.**

Zip Country

Zip Country

24 **33610**

25

29 **33511**

30

3. Date Incorporated or Qualified

**02/19/1996**

4. FEI Number

**59-3375177**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MERZIER, MICHEL  
5815 E OSBORNE AVE  
TAMPA FL 33610

**703 Tuscanney St  
Brandon FL  
33511**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MERZIER, MICHEL**  
STREET ADDRESS **703 - Tuscanney**  
CITY-ST-ZIP **5815 E OSBORNE AVE - ST Brandon FL 33511**

TITLE **D** ☐ DELETE  
NAME **SEXIL, PROSPER**  
STREET ADDRESS **919 GOMILION CT APT C**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **D** ☐ DELETE  
NAME **SEXIL, LOVY**  
STREET ADDRESS **10015 N 11 ST**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)