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NONPROFIT CORPORATION ANNUAL REPORT 2000	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000904

1. Corporation Name

FIRST HAITIAN BAPTIST CHURCH OF SILOE

Principal Place of Business

Mailing Address

1608 E GENESSE ST
TAMPA FL 33610

00070204

3. Date Incorporated or Qualified
2--21-963a. Date of Last Report
98-99

2. Principal Place of Business

2a. Mailing Address

21 1608 E GENESSE ST

26 703 TUSCANNY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAMPA FLA

27

City & State

City & State

23

Zip
33610

Country

hillsborough

28

Zip
33511

Country

4. FEI Number
59-3375177Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHEL MERZIER
703 TUSCANNY ST
BRANDON FLA
33511

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 terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	☐ Change ☐ Addition
NAME	MICHEL MERZIER D ☐ DELETE	1.2 NAME	
STREET ADDRESS	703 TUSCANNY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME	PROSPER SEXIL D ☐ DELETE	2.2 NAME	
STREET ADDRESS	1608 E GENESSE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME	LOVY SEXIL D ☐ DELETE	3.2 NAME	
STREET ADDRESS	1608 E GENESSE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)