

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90066 012 *****70.00

DOCUMENT # N96000000904

1. Entity Name

SILOE HAITIAN BAPTIST CHURCH, INC.



Principal Place of Business

1608 E GENNESSE
TAMPA FL 33610
US

Mailing Address

703 TUSCANNY ST
BRANDON FL 33511

2. Principal Place of Business

1608 E Genessee
Suite, Apt. #, etc.

3. Mailing Address

703 Tuscanny St
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Brandon FL

Zip

33610

Country

Hillsborough

Zip

33511

Country

Hillsborough

6. Name and Address of Current Registered Agent

MERZIER, MICHEL
703 TUSCANNY ST
BRADEN FL 33511

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MERZIER, MICHEL	
STREET ADDRESS	703 TUSCANNY ST	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXIL, PROSPER	
STREET ADDRESS	1608 E GENESSE ST	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXIL, LOVY	
STREET ADDRESS	1608 E GENESSEE ST	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Michel Merzier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-05 685-1408