

# 2004-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

9/9/2004-90006-024-\$61.25-\$61.25


FILED

04 OCT 11 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

<b>DOCUMENT # N96000001993</b>					
1. Entity Name <b>THE HAITIAN EBENEZER BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>3157 HAVERHILL RD WEST PALM BEACH FL 33417 US</b>			Mailing Address <b>P.O. BOX 223054 WEST PALM BEACH FL 33422</b>		
2. Principal Place of Business <i>3157 Haverhill Rd</i>			3. Mailing Address <i>same as above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0678888</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>MYRTIL, AMOS - PASTOR 1314 DREXEL ROAD WEST PALM BEACH FL 33417</b>			7. Name and Address of New Registered Agent Name <i>Amos Myrtil</i> Street Address (P.O. Box Number is Not Acceptable) <i>1314 Drexel Rd</i> City <i>West Palm Beach</i> FL Zip Code <i>33417</i>		
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 <i>[Signature]</i> DATE <i>8/30/04</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCIEN, ROBERT 557 CASPER AVE WEST PALM BEACH FL 33413 <i>T</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSIAS, MARE ELLIN 5511 HADERFORD WAY LAKE WORTH FL 33463 <i>D</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FRERE, GUYTEMBERT 510 54 STREET WEST PALM BEACH FL 33407 <i>MD</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRTIL, AMOS PASTOR 1314 DREXEL ROAD WEST PALM BEACH FL 33417 <i>P</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, BASILE 1797 JOY RD #202 WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jean-Robert Morancy</i> <i>1234 Drexel Rd w 1347 33417</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> DATE <i>10/03/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					