2004 NOT-FOR-PROFIT CORPORATION

Sep 01, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N96000002950 09-01-2004 90002 008 ****61.25 HAITIAN MISSIONARY BAPTIST CHURCH INC. Principal Place of Business Mailing Address 54071140 1731 ALCAZAR DR. 1731 ALCAZAR DR. MIRAMAR FL 33023 MIRAMAR FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip 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 MOISE, HENRY C REV Street Address (P.O. Box Number is Not Acceptable) 7551 FAIRWAY BLVD. MIRAMAR FL 33023 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Detete TITLE TITLE DESTINE, PIERRE NAME NAME 190 NW 215TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change Addition MODESTIL, NALYSE NAME NAME 6765 IXORA DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIP TD Change ☐ Addition TITLE ☐ Delete TITLE AUGUSTIN, RAYMOND NAME NAME 6500 MIRAMAR PRKWY STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-7IP TD Addition Change Delete TIT! F TITLE NAPOLEON, MRIE-LOURDES NAME NAME 7551 GRANDVIEW BLVD STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERYOR DIRECTOR

FILED