


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002950
 1. Entity Name
 HAITIAN MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business: 1731 ALCAZAR DR. MIRAMAR, FL 33023
 Mailing Address: 1731 ALCAZAR DR. MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOISE, HENRY C REV
 7551 FAIRWAY BLVD.
 MIRAMAR, FL 33023

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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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DESTINE, PIERRE 190 NW 215TH STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MODESTIL, NALYSE 6765 IXORA DRIVE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUGUSTIN, RAYMOND 6500 MIRAMAR PRKWY MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAPOLEON, MRIE-LOURDES 7551 GRANDVIEW BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/21/05-80051-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Henry C. Moise HENRY C. MOISE Date: 4-15-2005 964-961-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #