

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

02-27-2008 90012 042 ****61.25

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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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
-Zip			-Zip		
Country			Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOISE, HENRY C REV 7551 FAIRWAY BLVD. MIRAMAR, FL 33023				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: <i>Henry C. Moise</i>				DATE: <i>4-1-08</i>	
Filing Fee is \$81.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESTINE, PIERRE		NAME		
STREET ADDRESS	190 NW 215TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MODESTIL, NALYSE		NAME	<i>NOLAN BRIGANDE</i>	
STREET ADDRESS	6765 IXORA DRIVE		STREET ADDRESS	<i>2815 S.W. 131 TERR.</i>	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	<i>MIRAMAR, FL 33027</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AUGUSTIN, RAYMOND		NAME	<i>ROGER ST-ROSE</i>	
STREET ADDRESS	6500 MIRAMAR PRKWY		STREET ADDRESS	<i>2260 N.W. 68 TERR.</i>	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	<i>MIRAMAR, FL 33023</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAPOLEON, MRIE-LOURDES		NAME		
STREET ADDRESS	7551 GRANDVIEW BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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>Henry C. Moise (HENRY C. MOISE)</i>				DATE: <i>4-1-08</i> 954-961-4030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	