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

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90458 023 ****70.00

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1. Entity Name

L'EGLISE BETHEL BAPTISTE DE LA COMMUNAUTE HAITIENNE, INC.

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
6060 KIMBERLY BLVD NORTH LAUDERDALE FL 33068	6060 KIMBERLY BLVD NORTH LAUDERDALE FL 33068

2. Principal Place of Business	3. Mailing Address
2915 NW 21th AVe	5001 SW 12th st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park FL	City & State: Margate FL
Zip: 33311 Country: USA	Zip: 33068 Country: USA

4. FEI Number 65-0702199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE-LOUIS, FORTIMIL
5001 SW 12TH STREET
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name: FORTIMIL PIERRE-LOUIS
Street Address (P.O. Box Number is Not Acceptable): 5001 SW 12th Street
City: MARGATE FL Zip Code: 33068

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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIERRE-LOUIS, FORTIMIL 5001 SW 12TH ST MARGATE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DELVARICE, HOLSDER 399 SW 64 TERRACE POMPANO BEACH FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Yonel Simon 2915 NW 21st AVe Oakland Park FL 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROCK, THEODULE 1721 SW 65TH AVE POMPANO BEACH FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Louis Jeune Legitime 2917 NW 21st AVe Oakland Park FL 33311.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDR, NORVIUS 12167 NW 46TH ST CORAL SPRINGS FL 33076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORT, ANNE-VIERGE 5060 KIMBERLY BLVD. POMPANO BEACH FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Madiou Cadet 2915 NW 21 AVe Oakland Park FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Fortimil Pierre-Louis FORTIMIL PIERRE-LOUIS (04-20-04) 954 249 2208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #