

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000848

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** EGLISE DU CHRIST HAITIENNE DE NORTH MIAMI CORPORATION

**Current Principal Place of Business:**

195 N.E 127 STREET  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

195 N.E 127 STREET  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:** 65-0499832      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KERNIZAN-LAFLEUR, DUMAS PASTOR  
195 NE 127 ST  
NORTH MIAMI, FL 33161

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERNIZAN-LAFLEUR, DUMAS PASTOR  
Address: 195 N.E. 127TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VD ( ) Delete  
Name: MERISE, MARIE GESTA  
Address: 6885 W. 7TH AVE APT# 906  
City-St-Zip: HIALEAH, FL 33014

Title: STD ( ) Delete  
Name: LAFLEUR, BERNADETTE  
Address: 195 N.E 127 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: ATD ( ) Delete  
Name: OSIAS, MARIE FRANCOIS  
Address: 12300 N.E 127 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUMAS KERNIZAN LAFLEUR

PD

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date