# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2005**
**Secretary of State**

DOCUMENT# N97000000848

**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 US

**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 04/30/2005

Electronic Signature of Signing Officer or Director — Date