2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006799

1. Entity Name
EL SHALOM HAITIAN COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
880 S FEDERAL HWY FORT LAUDERDALE, FL 33316	17219 64TH PLACE N. LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0808498
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREGOIRE, JEAN YVES
17219 64TH PLACE N.
LOXAHATCHEE, FL 33470

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	GREGOIRE, JEAN YVES
STREET ADDRESS	17219 64TH PLACE N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V/D
NAME	NARCISSE, CAMILLE
STREET ADDRESS	7706 S.W. 6 CT.
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	T/D
NAME	ALEXANDRE, CENERLY
STREET ADDRESS	2237 TAFT ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	C/D
NAME	JEAN, PAUL
STREET ADDRESS	2254 NW 59 TERR.
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	S/D
NAME	NARCISSE, CARMENCITA
STREET ADDRESS	55 ANN LEE LANE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80014-012 61.25

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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 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: JEAN GREGOIRE PASTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12th 2006
Date

954 274-4367
Daytime Phone #