## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N97000006799

EL SHALOM HAITIAN COMMUNITY CHURCH, INC.



**FILED** 

40107179

May 07, 2007 8:00 am Secretary of State 05-07-2007 90066 022 \*\*\*\*61.25

Principal Place of Business 880 S FEDERAL HWY

Mailing Address

17219 64TH PLACE N.

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc. Suite, Apt. #, etc.   05012007	<u> </u>		LOXAHATCHEE, FL 33	470				
City & State	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address					
City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012007 Ch	n-NP CR2E037 /11	2/06)	
Country   Zip	City 9 State		0: 10:			9111	<u> </u>	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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.  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.  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.  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.  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.  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.  8. The above named entity submits this statement for the purpose of changing fire accepts the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing fire accepts	City & State		City & State	City & State		3		
GREGOIRE, JEAN YVES 17219 64TH PLACE N. LOXAHATCHEE, FL 33470  8. The above named entity submits this statement for the purpose of changing its registered Agent agent. or both, in the State of Florida. I am lamifar with, and accept the obligations of registered agent.    Signature   Tilling   Fee Is \$61.25   Due by May 1, 2007   Duelte	Zip	Country	Zip	Country	5. Certificate of Sta		5 Additional	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	6. Name and Address of Current Registered Agen				7. Name and Addr		<u> </u>	
SIGNATURE   Signature, hoed or printed name of regulated agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	CRECOIR	E IEAN WIES		Name	Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped or printed name of registered agent and title if applicable   (NOTE Registered Agent agrature required when remataing)   DATE		•		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
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, typed or printed name of registered agent and title if appacable.   (NOTE Registered Agent agreature required when renstating)   DATE						<u> </u>		
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, typed or printed name of registered agent and title if appacable.   (NOTE Registered Agent agreature required when renstating)   DATE				City		7	in Code	
SIGNATURE    Signature   Signa							·	
Signature, typed or printed name of registered agent and tille if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	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, typed or printed name of registered agent and tille if applicable. (NOTE Registered Agent signature required when reinstating)   DATE		-					İ	
Filing Fee Is \$61.25 Due by May 1, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME GREGOIRE, JEAN YVES SIREET ADDRESS CITY-ST-ZIP  ITILE NARCISSE, CAMILLE T/D NARCISSE, CENERLY SIREET ADDRESS CITY-ST-ZIP  ITILE T/D NAME ALEXANDRE, CENERLY SIREET ADDRESS CITY-ST-ZIP Addition								
Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  IIILE P/D NAME GREGOIRE, JEAN YVES SIREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470  TILE NAME NARCISSE, CAMILLE SIREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068  ITILE T/D NAME ALEXANDRE, CENERLY SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  Delete TITLE T/D NAME ALEXANDRE, CENERLY SIREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020  TRUST FUND Addition Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Added to Fees Florida Department of State Addition Ad	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE							
TITLE			l l					
NAME   GREGOIRE, JEAN YVES   NAME   STREET ADDRESS	10.	OFFICERS AND DIR	ECTORS	144	15517(01/0//0//11/10F			
STREET ADDRESS   17219 64TH PLACE N.   STREET ADDRESS	TITLE	D/C		11).	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	ORS IN 10	
CITY-ST-ZIP			☐ Delete	TITLE	ADDITIONS/CHANGE			
TITLE		GREGOIRE, JEAN YVES	☐ Delete	TITLE NAME	ADDITIONS/CHANGE			
NAME         NARCISSE, CAMILLE         NAME           STREET ADDRESS         7706 S.W. 6 CT.         STREET ADDRESS           CITY-ST-ZIP         NORTH LAUDERDALE, FL 33068         CITY-ST-ZIP           TITLE         T/D         □ Delete         TITLE           NAME         ALEXANDRE, CENERLY         NAME           STREET ADDRESS         CITY-ST-ZIP         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	STREET ADDRESS	GREGOIRE, JEAN YVES 17219 64TH PLACE N.	☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE			
CITY-ST-ZIP         NORTH LAUDERDALE, FL 33068         CITY-ST-ZIP           IIILE         T/D         Delete         TITLE           NAME         ALEXANDRE, CENERLY         NAME           STREET ADDRESS         2237 TAFT ST         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	GREGOIRE, JEAN YVES 17219 64TH PLACE N. LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE		hange	
TITLE         T/D         Delete         TITLE         Change         Addition           NAME         ALEXANDRE, CENERLY         NAME           STREET ADDRESS         2237 TAFT ST         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	STREET ADORESS CITY-ST-ZIP	GREGOIRE, JEAN YVES 17219 64TH PLACE N. LOXAHATCHEE, FL 33470 V/D		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGE		hange	
NAME ALEXANDRE, CENERLY NAME STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GREGOIRE, JEAN YVES 17219 64TH PLACE N. LOXAHATCHEE, FL 33470 V/D NARCISSE, CAMILLE 7706 S.W. 6 CT.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		hange	
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CITY-ST-ZIP LAUDERHILL, FL 33313 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GREGOIRE, JEAN YVES 17219 64TH PLACE N. LOXAHATCHEE, FL 33470 V/D NARCISSE, CAMILLE 7706 S.W. 6 CT. NORTH LAUDERDALE, FL 3306 T/D ALEXANDRE, CENERLY 2237 TAFT ST HOLLYWOOD, FL 33020 C/D JEAN, PAUL 2254 NW 59 TERR.	Delete  8	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		thange Addition  Change Addition  Change Addition	
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CITY-ST-ZIP TAMARAC, FL 33319 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGOIRE, JEAN YVES 17219 64TH PLACE N. LOXAHATCHEE, FL 33470 V/D NARCISSE, CAMILLE 7706 S.W. 6 CT. NORTH LAUDERDALE, FL 3306 T/D ALEXANDRE, CENERLY 2237 TAFT ST HOLLYWOOD, FL 33020 C/D JEAN, PAUL 2254 NW 59 TERR. LAUDERHILL, FL 33313	B Delete  Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE		change Addition  Change Addition  Change Addition	

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition