

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004678**

1. Entity Name  
**EBEN-EZER BAPTIST HAITIAN CHURCH, CORP.**



Principal Place of Business  
**2706 N 9TH ST  
TAMPA, FL 33605**

Mailing Address  
**P.O. BOX 75589  
TAMPA, FL 33675**



05282007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3541256**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LUBIN, JEAN A  
14707 N 16TH STREET  
LUTZ, FL 33549**

**DO NOT WRITE  
IN THIS SPACE**

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

**5/29/07**

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHEVALIER, GILET  
3012 N. TAMPA STREET  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PETIT-FRER, JASPARD  
2705 E 97TH AVE  
TAMPA, FL 33612**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TRAJEAN, FRANCIS  
1707 E MCBERRY ST  
TAMPA, FL 33610**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000765968  
06/06/07-80003-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

**Francis Trajean Gilet Chevalier Jaspard P. Frere** **5/29/07** **(813) 223-6345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #