

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90013 001 \*\*\*\*61.25

**DOCUMENT # N99000000530**

1. Entity Name

HAITIAN MISSIONARY BAPTIST CHURCH OF LAKE  
FOREST, INC.



Principal Place of Business

3610 S.W. 48 SAVE.  
HOLLYWOOD FL 33023

Mailing Address

3011 SUNSHINE BLVD.  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (4/04)

4. FEI Number

65-0891887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOURCAND, MARIE M  
3011 SUNSHINE BLVD.  
MIRAMAR FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Fourcand*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-3-04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FOURCAND, JEAN	
STREET ADDRESS	3011 SUNSHINE BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOURCAND, MARIE M	
STREET ADDRESS	3011 SUNSHINE BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOURCAND, JEAN RYDY	
STREET ADDRESS	3011 SUNSHINE BLVD	
CITY-ST-ZIP	MIRAMAR FL 33028	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOURCAND, VALERIE	
STREET ADDRESS	3011 SUNSHINE BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOURCAND, RACHELLE	
STREET ADDRESS	3011 SUNSHINE BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Rudy Fourcand
STREET ADDRESS	3011 Sunshine Blvd
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Fourcand* Marie Michèle Fourcand 954-322-9874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #