



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90061 036 \*\*\*\*61.25

<b>DOCUMENT # N99000003477</b>					
<b>1. Entity Name</b> <b>FIRST HAITIAN BAPTIST CHURCH OF CORAL SPRINGS, INC.</b>					
<b>Principal Place of Business</b> 3425 NW 99TH WAY CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 3901 NW 109 <sup>th</sup> AVE. CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business</b> 3425 NW 99 Way		<b>3. Mailing Address</b> 3901 NW 109 <sup>th</sup> AVE		  01062005    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CORAL SPRINGS, FL		<b>City &amp; State</b> CORAL SPRINGS, FL			
<b>Zip</b> 33065		<b>Zip</b> 33065			
<b>Country</b> Broward, USA		<b>Country</b> Broward, USA		<b>4. FBI Number</b> 24-9324011	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  POINSON, DANIEL 3901 NW 109 AVE. CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. (Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> POINSON, DANIEL 3901 NW 109TH AVE CORAL SPRINGS, FL 33065		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> JOURDAN, CASTOR 3853 NW 83RD TERRACE CORAL SPRINGS, FL 33065		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CELESTIN, ISAAC 3565 NW 35TH STREET COCONUT CREEK, FL 33064		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> NERVA DEICE 3809 NW 78 <sup>th</sup> TERRACE CORAL SPRINGS FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TS PLAISIR</b> POINSON, ROLAND M 8645 NW 14TH STREET LAUDERHILL, FL 33313		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PX CHERILYN</b> GHERBEN, EDNER 11320 NW 49TH DRIV E CORAL SPRINGS, FL 33076		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> EXILUS, FRED 7520 NW 42 DRIVE CORAL SPRINGS, FL 33065		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Daniel Poinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR</small>			01-07-05    954-344-9616 <small>Date    Daytime Phone #</small>		