

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90024 021 \*\*\*\*61.25

**DOCUMENT # N99000003477**

1. Entity Name  
**FIRST HAITIAN BAPTIST CHURCH OF CORAL SPRINGS,  
INC.**



Principal Place of Business  
**3425 NORTHWAY 99TH WAY  
CORAL SPRINGS, FL 33065**

Mailing Address  
**3901 NORTHWEST 109 AVENUE  
CORAL SPRINGS, FL 33065**

**66005675**



**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**24-9324011**

Applied For  
Not Applicable

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

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

**POINSON, DANIEL  
3901 NW 109 AVE.  
CORAL SPRINGS, FL 33065**

**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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	POINSON, DANIEL
STREET ADDRESS	3901 NW 109TH AVE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	TD
NAME	JOURDAN, CASTOR
STREET ADDRESS	3853 NW 83RD TERRACE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	DELICE, NERVA
STREET ADDRESS	3809 NORTHWEST 78 TERRACE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	TS
NAME	PLAISIR, ROLAND M
STREET ADDRESS	8645 NW 14TH STREET
CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	P X
NAME	DAPHNIS, EDDY
STREET ADDRESS	11320 NW 49TH DRIV E
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	T
NAME	EXILUS, FRED
STREET ADDRESS	7520 NW 42 DRIVE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065

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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:**

*Daniel Poinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-14-07**

Date

**954-344-9616**

Daytime Phone #