


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90244 036 ****61.25

DOCUMENT # N99000005729	
1. Entity Name FIRST HAITIAN BAPTIST CHURCH OF KISSIMMEE, FLORIDA, INC.	

Principal Place of Business 1700 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741	Mailing Address 1700 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741
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2. Principal Place of Business 900 S. THACKER AV	3. Mailing Address 900 S. THACKER AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KISSIMMEE, FL	City & State KISSIMMEE FL
Zip 34741	Country U.S

4. FEI Number 59-3611098	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRINSON, EDWARD 1201 W. EMMETT ST. KISSIMMEE FL 34741	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 Louis W. Lubin, Pastor	DATE 4/13/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBIN, LOUIS W 1700 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS W. LUBIN 900 S THACKER AV. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREAU, SULLY 1700 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLY MOREAU 900 S THACKER AV KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESNER, JUSTE 1700 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESNER JUSTE 900 S. THACKER AV. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Louis W. Lubin, Pastor	DATE: 4/13/04