

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90149 042 ***150.00

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1. Entity Name
HAITIAN CHRISTIAN COMMUNITY ASSOCIATION, INC.



Principal Place of Business
6597 BLVD OF CHAMPIONS
NORTH LAUDERDALE, FL 33068

Mailing Address
1350 STATE ROAD 7
NORTH LAUDERDALE, FL 33068



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0649355

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
3275 W. HILLSBORO BLVD., #207
DEERFIELD BEACH, FL 33442

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 restate)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOUIS, TONY
STREET ADDRESS 1350 STATE ROAD 7
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE D
NAME FLEURINA, VIANA
STREET ADDRESS 1350 STATE ROAD 7
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE TS
NAME ~~LOUIS, TONY~~ *Lubin GINA*
STREET ADDRESS 7902 SW 9TH ST.
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 607, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #