

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003443

Entity Name: HYPPOLITE JOSEPH MINISTRIES, INC.**Current Principal Place of Business:**15620 NE 4 AVE
N MIAMI BEACH, FL 33162**Current Mailing Address:**15620 NE 4 AVE
N MIAMI BEACH, FL 33162**FEI Number:** 51-0515902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	JOSEPH, REV BRHUNEL H
Address	15620 NE 4 AVE
City-State-Zip:	N MIAMI BEACH FL 33162

Title	VD
Name	JOSEPH, REV DANIEL J
Address	15620 NE 4 AVE
City-State-Zip:	N MIAMI BEACH FL 33162

Title	SD
Name	PIERRE, JULES ERIC
Address	15620 NE 4 AVE
City-State-Zip:	N MIAMI BEACH FL 33162

Title	TD
Name	CASTANT, GERDHA
Address	15620 NE 4 AVE
City-State-Zip:	N MIAMI BEACH FL 33162

Title	ASST. SECRETARY
Name	ALEXANDRE, RODRIGUE SR.
Address	15620 NE 4 AVE
City-State-Zip:	N MIAMI BEACH FL 33162

Title	ASST. TREASURER
Name	JOSEPH, SOPHIE FIDELE
Address	15620 NE 4 AVE
City-State-Zip:	N MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH , REV BRHUNEL H

PD

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date