

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000584

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC0144740869**

**Entity Name:** FIRST HAITIAN BAPTIST CHURCH OF N.M.B., INC.

**Current Principal Place of Business:**

15395 N. MIAMI AVE  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

15395 N. MIAMI AVE  
NORTH MIAMI BEACH, FL 33169 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JULES, FRITZNER  
31 NE 152ND STREET  
N. MIAMI BEACH, FL 33162 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: FRITZNER JULES**

**04/22/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JULES, FRITZNER  
Address 31 NE 152TH ST  
City-State-Zip: MIAMI FL 33162

Title D  
Name ST JEAN, DANIEL  
Address 18970 N.W 6CT  
City-State-Zip: MIAMI FL 33169

Title TD  
Name PIERRE LOUIS, MARGARETTE  
Address 1100 NW 133 STREET  
City-State-Zip: MIAMI FL 33168

Title D  
Name ILIOMENE, JULIEN  
Address 16133 N.E 9 AVE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VD  
Name JULIEN, FRANCE  
Address 960 NE 160 ST  
City-State-Zip: MIAMI FL 33162

Title DEACON  
Name JOSEPH , LORVENS  
Address 1224 NE 111TH STREET  
City-State-Zip: MIAMI, FL FL 33161

Title DEACON  
Name GEFFRARD, EUGENE  
Address 6470 NW 27TH STREET  
City-State-Zip: MIRAMAR FL 33025

Title DEACON  
Name JEAN, JOCELYN  
Address 15590 NORTH MIAMI AVENU  
City-State-Zip: MIAMI FL 33169

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*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: FRITZNER JULES**

**PRESIDENT**

**04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DEACON  
Name CADET, JEAN F  
Address 2559 YORK STREET  
City-State-Zip: OPA LOCKA FL 33054

Title DEACON  
Name CEZAIRE, ELIE  
Address 460 NE 157TH TERRACE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DEACON  
Name BEAUVAIS, JOHAM  
Address 1801 NW 18 STREET  
City-State-Zip: MIAMI FL 33056

Title DEACON  
Name LAROSE, NERVA  
Address 960 NE 155TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DEACON  
Name ELYSEE, SOBNER  
Address 13924 NE 2ND AVENUE  
City-State-Zip: NORTH MIAMI FL 33161

Title DEACON  
Name FANFAN, DANIEL  
Address 3911 SW 52ND AVENUE  
City-State-Zip: HOLLYWOOD FL 33023

Title DEACON  
Name JOSEPH, LOUIDES  
Address 11420 SHERIDAN STREET  
City-State-Zip: PEMBROKE PINES FL 33026

Title SECRETARY  
Name PREVOT , KANES  
Address 6207 SW 19TH STREET  
City-State-Zip: MIRAMAR FL 33023

Title DEACONESS  
Name ST JEAN, PIERRELA  
Address 18970 NW 6TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162