

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000584

FILED
Feb 03, 2014
Secretary of State
CC5073397127

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: 65-0375062

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JULES, FRITZNER
31 NE 152 ST
MIAMI, 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

02/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name GEFFRARD, EUGENE
Address 6470 NW 27 ST
City-State-Zip: MIRAMAR FL 33025

Title D
Name JOSEPH , LOVENS
Address 1224 NE 111 ST
City-State-Zip: MIAMI FL 33161

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

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

Title D
Name ST. JEAN, PIERRELA
Address 18970 SW 6E CT
City-State-Zip: MIAMI FL 33169

Title TREASURER
Name JULIEN, BENNY
Address 9999 SUMMER BREEZE
City-State-Zip: SUNRISE FL 33323

Title ASST. TREASURER
Name BEAUVAIS, JOHAM
Address 1801 NW 183 STREET
City-State-Zip: MIAMI GARDEN FL 33056

Continues on page 2

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

PD

02/03/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name PIERRE-LOUIS, NADIA
Address 18720 NW 6TH CT
City-State-Zip: MIAMI FL 33169

Title CONSELOR
Name AUGUSTIN, GREGORY
Address 1360 NE 204TER
City-State-Zip: MIAMI FL 33179

Title CO-TRUSTEE
Name DECIME, CLAUDE
Address 645 IVES DIARY RD
212
City-State-Zip: MIAMI FL 33179

Title ADMINISTRATOR
Name NAISSANCE, WHIDLET
Address 1600 NE 135TH STREET
1003
City-State-Zip: NORTH MIAMI FL 33181