## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000584

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

FILED Apr 22, 2015 Secretary of State CC3048912070

**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 04/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title D

Name JULES, FRITZNER Name GEFFRARD, EUGENE

Address 31 NE 152 ST Address 6470 NW 27 ST

City-State-Zip: MIAMI FL 33162 City-State-Zip: MIRAMAR FL 33025

Title D Title D

 Name
 JOSEPH, LOVENS
 Name
 CADET, JEAN F

 Address
 1224 NE 111 ST
 Address
 2559 YORK STREET

 City-State-Zip:
 MIAMI FL 33161
 City-State-Zip: OPA LOCKA FL 33054

Title SECRETAIRE Title D

NameBEAUVAIS, JOHAMNameST. JEAN, PIERRELAAddress1801 NW 183 STREETAddress18970 SW 6E CTCity-State-Zip:MIAMI GARDEN FL 33056City-State-Zip:MIAMI FL 33169

 Title
 TREASURER
 Title
 CO-TRUSTEE

 Name
 JULIEN, BENNJY
 Name
 DECIME, CLAUDE

 Address
 645 IVES DIARY RD

Address 9999 SUMMER BREEZE Address 645 IVES DIARY RL

City-State-Zip: SUNRISE FL 33323 City-State-Zip: MIAMI FL 33179

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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 SENIOR PASTOR 04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title CONSELOR Title ADMINISTRATOR

Name AUGUSTIN, GREGORY Name NAISSANCE, WHIDLET

Address 1360 NE 204TER Address 1600 NE 135TH STREET

1003

City-State-Zip: MIAMI FL 33179

City-State-Zip: NORTH MIAMI FL 33181