

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State

04-29-2004 90237 037 ****70.00

DOCUMENT # 754899 1. Entity Name HAITIAN EVANGELICAL BAPTIST CHURCH, INC.					
Principal Place of Business 800 NW 14TH STREET MIAMI FL 33136 US			Mailing Address PO BOX 694970 MIAMI FL 33269		
2. Principal Place of Business 14455 Memorial Hwy		3. Mailing Address 14455 Memorial Hwy			
Suite, Apt. #, etc. North Miami, FL		Suite, Apt. #, etc. North Miami, FL			
City & State North Miami, FL		City & State North Miami, FL			
Zip 33161		Country USA		4. FEI Number 94-3086686	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent THONY, FERNALD 16801 NE 14 AVE 105 N MIAMI FL 33162			7. Name and Address of New Registered Agent Rev. Frantz D. Eugene 7818 Embassy Blvd Miramar, FL 33023		
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: <u><i>Frantz D. Eugene</i></u> DATE: <u>4/23/04</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MOISE, JEAN C STREET ADDRESS 10804 NW 2ND AVE. CITY-ST-ZIP MIAMI FL 33168	☐ Delete		TITLE C/D NAME Jean Michael Paul STREET ADDRESS 438 NE 145 St CITY-ST-ZIP N. MIAMI, FL 33162	☐ Change ☒ Addition	
TITLE V NAME HYPPOLITE, JONATHAN STREET ADDRESS 7624 DILDO BLVD CITY-ST-ZIP MIRAMAR FL 33025	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE T NAME JEAN, LUC STREET ADDRESS 551 NW 183RD TERRACE CITY-ST-ZIP MIAMI FL 33169	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE E/D NAME EUGENE, FRANTZ D STREET ADDRESS 7818 EMBASSY BLVD CITY-ST-ZIP MIRAMAR FL 33023	☒ Delete		TITLE S/D NAME Jonathan Hyppolite, Jonathan STREET ADDRESS 7624 DILDO BLVD CITY-ST-ZIP MIRAMAR, FL 33023	☐ Change ☐ Addition	
TITLE M NAME CALIXTE, HAROLD STREET ADDRESS 6729 CAMELIA DRIVE CITY-ST-ZIP MIRAMAR FL 33025	☐ Delete		TITLE T NAME Sultana V. Moise STREET ADDRESS 1050 N W 196 Terr CITY-ST-ZIP MIAMI FL 33169	☐ Change ☒ Addition	
TITLE D NAME DARLUS, CAROL A STREET ADDRESS 8801 N CRESCENT DR CITY-ST-ZIP MIRAMAR FL 33025	☒ Delete		TITLE M NAME Benita Royman STREET ADDRESS 1432 NW 115 St CITY-ST-ZIP MIAMI, FL 33169	☐ Change ☒ Addition	
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 617, 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: <u><i>Jonathan Hyppolite</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/24/04</u> Daytime Phone #		