

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90103 030 ****61.25



DOCUMENT # F99000005477

1. Entity Name

HAITIAN MINISTRY THEOPHILE CHURCH IN CHRIST, INC.

Principal Place of Business

930 CUSTER AVENUE SE
 ATLANTA GA 30316

Mailing Address

930 CUSTER AVENUE SE
 ATLANTA GA 30316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1652824

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

PASTEUR, ABNER
 911-B 66TH PO BOX 248
 ONECO FL 34264

7. Name and Address of New Registered Agent

Name REV JULIO VOLCY
 Street Address (P.O. Box Number is Not Acceptable) 4915 EAST 15TH STREET
BRADENTON FLORIDA 34203
 City FL Zip Code

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

Julio Volcy Pastor

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-9-2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOSEPH, ROLAND R	
STREET ADDRESS	930 CUSTER AVENUE SE	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ST FLEUR, FRANTZ	
STREET ADDRESS	930 CUSTER AVENUE SE	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOULOUE, JONAS	
STREET ADDRESS	5794 FOXFIELD TR	
CITY-ST-ZIP	REX GA 30273	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Roland R Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 404-273-1187

Date

Daytime Phone #