

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2007
Secretary of State

DOCUMENT# N03000006895

Entity Name: HAITIAN FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

2300 NW 22ND. STREET
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

7004 NW 63RD. STREET
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 74-3101038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMOUR, JOEL
7004 NW 63RD. STREET
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: VENEUS, MIKEL
Address: 6900 SW 18TH. CT
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: D () Delete
Name: JOEL, NORDELUS
Address: 2701 NE 2ND. AVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: D (X) Delete
Name: CADET, JULIEN
Address: 5841 NW 15TH. CT
City-St-Zip: SUNRISE, FL 33313 US

Title: P () Delete
Name: LAMOUR, JOEL
Address: 7004 NW 63RD. STREET
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Delete
Name: CHAUVET, ALTIERY
Address: 631 KATHY LANE, APT. # D
City-St-Zip: MARGATE, FL 33068 US

Title: D () Delete
Name: ELUSME, ELICIEN
Address: 904 SW 10TH DR. #3
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELUSME, ELICIEN
Address: 630 BEACH AVE. SOUTH
City-St-Zip: LEHIGH ACRES, FL 33936 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOEL LAMOUR

P

02/17/2007

Electronic Signature of Signing Officer or Director

Date