


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90017 035 ****61.25

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1. Entity Name
SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business
**1020 S. DIXIE HWY
 LAKE WORTH, FL 33460 US**

Mailing Address
**1615 LAKE AVENUE
 LAKE WORTH, FL 33460**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1020 South Dixie Hwy
 Suite, Apt. #, etc.

City & State
Lake Worth, FL

Zip
33460

07052005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0531379

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOUISSAINT, ELIE REV. 1615 LAKE AVENUE LAKE WORTH, FL 33460		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	LOUISSAINT, ELIE 2935 DONALD ROAD LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	PARENT, JEAN A 3480 SUMMER STREET APT 2 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE O	LEOPOLD-PIERRE, GERMAIN 1134 17TH AVE., N. APT. 1 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	LOUISSAINT, ROSE MARY 2935 DONALD ROAD LAKE WORTH, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	LHONNER, GOURDET 7932 LAKE WOOD COVE COTE DERAY BEACH, FL 33467 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Herard Charles
STREET ADDRESS		STREET ADDRESS	1012 South E St.
CITY-ST-ZIP		CITY-ST-ZIP	Lake Worth FL 33460

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: Elie Louissaint **Elie Louissaint** 07/07/05
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #