

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009263

FILED  
May 26, 2008  
Secretary of State

**Entity Name:** NEW HOPE HAITIAN CHURCH, INC.

**Current Principal Place of Business:**

149 SW 1ST AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

149 SW 1ST AVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 30-0275738      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LAUE, HANS  
149 SW 1ST AVE  
HOMESTEAD, FL 33030      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BAPTISTE, MARCEL  
Address: 149 SW 1ST AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D      ( ) Delete  
Name: KELSO, BRIAN  
Address: 18274 NW 21ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D      ( ) Delete  
Name: LAUE, HANS  
Address: 1518 NW 183RD TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MARCEL BAPTISTE

D

05/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date