# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006802

Entity Name: MISSION EVANGELIQUE HAITIENNE POUR LE DEVELOPMENT

AGRICOLE ET SOCIAL, INC.

FILED
May 01, 2015
Secretary of State
CC8025289053

# **Current Principal Place of Business:**

1527 N. HAVERHILL RD

SUITE 1

WEST PALM BEACH, FL 33417

# **Current Mailing Address:**

PO BOX 223088

WEST PALM BEACH, FL 33422 US

FEI Number: 27-2102964 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

NOCENT, JEAN R. REV. 17438 81 LANE N LOXAHATCHEE, FL 33470 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: REV. JEAN ROBERT NOCENT 05/01/2015

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title P Title VF

NameNOCENT, JEAN R. REV.NameBENJAMIN, GASPARDAddress17438 81 LANE NAddress108 SW HAWTHORNE CIRCity-State-Zip:LOXAHATCHEE FL 33470City-State-Zip:PORT ST LUCIE FL 34953

Title S Title T

Name MICHEL, ELIZEE PAST. Name LAURORE, JEAN

Address 3447 LAKE LUCERNE CIR Address 5901 TRIPHAMMER RD

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: LAKE WORTH FL 33463

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail