

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006802

**Entity Name:** MISSION EVANGELIQUE HAITIENNE POUR LE DEVELOPMENT AGRICOLE ET SOCIAL, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC2136225389**

**Current Principal Place of Business:**

17438 81 LANE N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17438 81 LANE N  
LOXAHATCHEE, FL 33470

**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

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NOCENT, JEAN R. REV.  
Address 17438 81 LANE N  
City-State-Zip: LOXAHATCHEE FL 33470

Title VP  
Name BENJAMIN, GASPARD  
Address 108 SW HAWTHORNE CIR  
City-State-Zip: PORT ST LUCIE FL 34953

Title S  
Name MICHEL, ELIZEE PAST.  
Address 3447 LAKE LUCERNE CIR  
City-State-Zip: WEST PALM BEACH FL 33409

Title T  
Name LAURORE, JEAN  
Address 5901 TRIPHAMMER RD  
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.*

SIGNATURE: ELIZEE MICHEL

SECRETARY

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date