

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002984

**Entity Name:** SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

1020 S. DIXIE HWY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1020 S. DIXIE HWY  
LAKE WORTH, FL 33460 US

**FEI Number:** 65-0531379

**Certificate of Status Desired:** Yes

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

LOUISSAINT, ELIE REV.  
2921 DONALD  
LAKE WORTH, FL 33461 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

**Officer/Director Detail :**

Title PD  
Name GUSTAVE, NEMOURS  
Address 831 ARLINGTON DR  
City-State-Zip: WEST PALM BEACH BEACH FL 33411

Title D  
Name JHONSONLEY ST PIERRE  
Address 611 SOUTH D STREET  
City-State-Zip: LAKE WORTH FL 33460

Title TD  
Name GERMAIN, LEOPOLD  
Address 5611 LAKE GEORGE PLAE  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name LOUISSAINT, ROSE MARIE  
Address 2921 DONALD ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title D  
Name ROSELIE LOUISSAINT  
Address 9221 DONALD RD  
City-State-Zip: LAKE WORTH FL 33461

Title D  
Name LOUISSAINT, ELIE  
Address 2921 DONALD RD  
City-State-Zip: LAKE WORTH FL 33461

*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:** REV ELIE LOUISSAINT

D

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date