

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721540

FILED
Apr 20, 2009
Secretary of State

Entity Name: FIRST INTERDENOMINATIONAL HAITIAN CHURCH, INC.

Current Principal Place of Business:

5832- 60 N.E. 2ND AVE.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5832- 60 N.E. 2ND AVE.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-1813806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENESCA, ROBERT
899 N.E. 83 STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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: SD () Delete
Name: IRLIN, SAINT HILAIRE
Address: 585 NW 101ST ST
City-St-Zip: MIAMI, FL 00000,

Title: TD () Delete
Name: SANON, JOSEPH
Address: 6811 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33150

Title: PD () Delete
Name: RENESCA, ROBERT
Address: 899 N.E. 83 ST.
City-St-Zip: MIAMI, FL 00000,

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: RENESCA ROBERT

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date