2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N00000004667

Entity Name: FIRST HAITIAN ALLIANCE CHURCH, INC.

Current Principal Place of Business:

231 AIRPORT RD. SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

231 AIRPORT RD. SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYPPOLITE HOMERE,
4843 DEVON CIRCLE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

HYPPOLITE, HOMERE
4843 DEVON CIRCLE
NAPLES, FL 34112 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: HOMERE HYPPOLITE 04/18/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORANCY, SERGES
Address: 4221 PEARL HARBOR DR
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: JOSEPH, LOUIS J
Address: 2701 TROPICANA BLVD #1
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: PIERRE, FRITO
Address: 4290 PEARL HARBOR DR
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: HYPPOLITE, HOMERE
Address: 4843 DEVON CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: DELVA, MME. FATIL
Address: 3404 SEMINOLE AVE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: FRANKLIN, JOCELYN
Address: 902 SAN REMO AVE.
City-St-Zip: NAPLES, FL 34104

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:

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 for the exemption stated in Section 119.07(3)(i), 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: HOMERE HYPPOLITE D 04/18/2005
Electronic Signature of Signing Officer or Director — Date