

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State


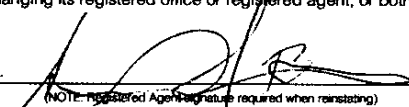
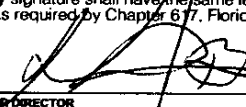
01-22-2008 90111 001 ****61.25

01-22-2008 90111 002 *****8.75

00000000



01152008 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000002178			
1. Entity Name EGLISE BAPTISTE HAITIENNE MONT HOREB, INC.			
Principal Place of Business 750 ORANGE BLOSSOM TR 206 ORLANDO, FL 32805		Mailing Address 3012 PIEDMONT ST ORLANDO, FL 32805	
2. Principal Place of Business - No P.O. Box # 750 Orange Blossom Tr		3. Mailing Address 3012 Piedmont street	
Suite, Apt. #, etc. 212-214		Suite, Apt. #, etc. -	
City & State Orlando Florida		City & State Orlando, Florida	
Zip 32805	Country USA	Zip 32805	Country USA
4. FEI Number 59-3632843		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERRE, BELIZAIRE 3012 PIEDMONT ST. ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name Belizaire, Samuel Street Address (P.O. Box Number is Not Acceptable) 3012 Piedmont street City Orlando FL Zip Code 32805	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE BELIZAIRE SAMUEL  1-16-2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERRE, BELIZAIRE 3012 PIEDMONT STREET ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Belizaire Pierre 3012 Piedmont street Orlando, FL 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELIZAIRE, ISRAEL 5125 VISTA LAGO DR ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP LORQUET, MARIE FELICIA 1812 LISTONG DRIVE ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASSOUMAN, MARIE D 2113 ORANGE CENTER BLVD, #C ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS BELIZAIRE, SAMUEL 3012 Piedmont street Orlando, Florida 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS BELIZAIRE, SAMUEL 3012 Piedmont street Orlando, FL 32805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: BELIZAIRE SAMUEL  1-16-08 407-299-9701 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			