


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Apr 23, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # N01000003383</b>	
1. Entity Name <b>EVANGELICAL HAITIAN CHURCH, INC.</b>	

Principal Place of Business <b>1320 TRADEWINDS WAY LANTANA FL 33462 US</b>	Mailing Address <b>1320 TRADEWINDS WAY LANTANA FL 33462 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>1320 Trade Winds Way</i>
Suite, Apt. #, etc	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State <i>Lantana FL</i>	City & State
Zip <i>33462</i>	Country

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>PERRE-LOUIS, ROOSEVELT 1320 TRADEWINDS WAY LANTANA FL 33462</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: PIERRE-LOUIS, JOANN STREET ADDRESS: 1320 TRADEWINDS WAY CITY-ST-ZIP: LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: PIERRE-LOUIS, SHERRY STREET ADDRESS: 1402 W PERRY STREET CITY-ST-ZIP: LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: PIERRE-LOUIS, GREGORY STREET ADDRESS: 1201 W DREW STREET CITY-ST-ZIP: LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: SAINT-VIL, CLAIRECIFIC STREET ADDRESS: 1403 W KINGS STREET CITY-ST-ZIP: LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DM NAME: PIERRE-LOUIS, ROOSEVELT STREET ADDRESS: 1001 PINE STREET CITY-ST-ZIP: LANTANA FL 33462	<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: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000917819  
05/13/08-80057-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rosevelt Pierre-Louis* 4-21-08 5615407688