

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005014

FILED
Aug 24, 2009
Secretary of State

Entity Name: HAITIAN MISSION EVANGELICAL MELCHISSEDECK, INC.

Current Principal Place of Business:

446 SW OVERBROOK ST
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

P O BOX 5241
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 31-1815810 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FONTUS, APOLOS REV.
1846 SW MAIN STREET
GREENVILLE, FL 32331 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONTHUS, APOLOS REV.
Address: 1846 SW MAIN STREET
City-St-Zip: GREENVILLE, FL 32331

Title: SD () Delete
Name: JEAN, MARIE A
Address: 317 SW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD () Delete
Name: FONTHUS, MARIE K
Address: 310 SOUTH RIDGE ROAD
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: FONTUS, KERLENS
Address: 1846 SW MAIN STREET
City-St-Zip: GREENVILLE, FL 32331

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:

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: APOLOS FONTHUS

PD

08/24/2009

Electronic Signature of Signing Officer or Director

Date