2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000005569

1. Entity Name
ASSOCIATION DES EGLISES ADVENTISTES HAITIENNES DE LA FLORIDE INCORPORATED

Principal Place of Business	Mailing Address
74 NE 75TH ST MIAMI, FL 33138	PO BOX 161686 ALTAMONTE SPRINGS, FL 32716-1686

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04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3710292

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONESTIME, JEAN-ALLAH
1253 WELCH RIDGE TERRACE
APOPKA, FL 32712

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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)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BERTRESSE, MOISES
STREET ADDRESS	2287 NORHWEST 77TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	T
NAME	BRISE, ROLAND
STREET ADDRESS	4707 LANGDALE DR.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T
NAME	JEAN, PIERRE OSTANE
STREET ADDRESS	7723 COVEDALE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	T
NAME	MYRTIL, NATANAEL
STREET ADDRESS	16282 PEACH WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	P
NAME	MONTESTIME, JEAN-ALLAH
STREET ADDRESS	1253 WELCH RIDGE TERRACE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	ST
NAME	LAURENT, ABNER
STREET ADDRESS	10291 SW 9 LN
CITY-ST-ZIP	PEMBROKE PINES, FL 33025

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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: _____ 4-16-07 (407) 496-8243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #