

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005569

FILED
Jan 28, 2009
Secretary of State

Entity Name: ASSOCIATION DES EGLISES ADVENTISTES HAITIENNES DE LA FLORIDE INCORPORATED

Current Principal Place of Business:

74 NE 75TH ST
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

PO BOX 161696
ALTAMONTE SPRINGS, FL 327161696

New Mailing Address:

FEI Number: 59-3710292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: T () Delete
Name: BERTRESSE, MOISES
Address: 2287 NORTHWEST 77TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: BRISE, ROLAND
Address: 4707 LANGDALE DR
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: JEAN, PIERRE OSTANE
Address: 7723 COVEDALE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: MYRTIL, NATANAEL
Address: 16262 PEACH WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: P () Delete
Name: MONESTIME, JEAN-ALLAH
Address: 1253 WELCH RIDGE TERRACE
City-St-Zip: APOPKA, FL 32712

Title: ST () Delete
Name: LAURENT, ABNER
Address: 10291 SW 9 LN
City-St-Zip: PEMBROKE PINES, FL 33025

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
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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: JEAN ALLAH MONESTIME

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date