

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N0100008457



1. Entity Name  
 EGLISE BETHEL HAITIENNE DE BRANDON INC.

Principal Place of Business  
1216 WINDSOR CIR  
BRANDON, FL 33510

Mailing Address  
1216 WINDSOR CIR  
BRANDON, FL 33510

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

04202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICOPHENE, JEAN P  
1216 WINDSOR CIR  
BRANDON, FL 33510

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

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.       \$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	DP NICOPHENE, JEAN P 1216 WINDSOR CIR BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Jean P. Nicophere 1216 Windsor Cir Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICOPHENE, ESTHER 1216 WINDSOR CIR BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Esther Nicophere 1216 Windsor Cir Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHE, HUGHES 3512 PLAINVIEW DR. BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mathe Hughes 10452 Hallmark - Blvd Riverview, FL 33578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHE, HUGHES 3512 PLAINVIEW DR BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis R. Raymond 1796 Mosaic Forest Dr Seffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILCEUS, MOLINE 907 LAKEMOUNT HILLS BLVD BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vilceus Moline 907 Lakemont Hills Blvd Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, LOUIS R 1726 MOSAIC FOREST DR SEFFNER, FL 33584	<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:

 Jean P. Nicophere 4-27-08-813-972-0494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60035286



04-30-2008 90205 039 \*\*\*\*61.25

**FILED  
Apr 30, 2008 8:00 am  
Secretary of State**