

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005420

FILED
May 01, 2006
Secretary of State

Entity Name: CHRISTIAN & MISSIONARY VISION OF HAITI, INC.

Current Principal Place of Business:

2923 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 7734
DELRAY BCH, FL 33482

New Mailing Address:

FEI Number: 13-4062207 **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:

POINT DU JOUR, SAINVILUSSE DP
5373 OAKMONT VILLAGE CIRCLE
LAKE WORTH, FL 33463 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: DP () Delete
Name: POINT DU JOUR, SAINVILUSSE DP
Address: 5373 OAKMONT VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: DV () Delete
Name: JOSEPH, FRINEL J DV
Address: 5373 OAKMONT VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: DT () Delete
Name: POINT DU JOUR, MIMOSE DT
Address: 5373 OAKMONT VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: DOLCINE, DANIEL D
Address: 3079 DORSON WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: DS () Delete
Name: ALEZY, WOODLER DS
Address: 5373 OAKMONT VILLAGE CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: ELEAZAR, ERINES D
Address: 465 NE 112 STREET
City-St-Zip: MIAMI, FL 33161

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:

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 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: SAINVILUS POINT DU JOUR

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date