

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006804

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** BETHLEHEM HAITIAN BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

249 SW 11 ST  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 815061  
HOLLYWOOD, FL 33081

**New Mailing Address:**

**FEI Number:** 81-0570192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEMORIN, LUCIEN  
249 SW 11TH ST APT 1  
DANIA, FL 33004 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: PDA ( ) Delete  
Name: NEMORIN, LUCIEN  
Address: 249 SW 11TH ST APT 1  
City-St-Zip: DANIA, FL 33004

Title: DP ( ) Delete  
Name: NEMORIN, MAGALITA  
Address: 249 SW 11TH ST APT 1  
City-St-Zip: DANIA, FL 33004

Title: YYP ( ) Delete  
Name: NEMORIN, DAVID  
Address: 249 SW 11TH ST APT 1  
City-St-Zip: DANIA, FL 33004

Title: YYAP ( ) Delete  
Name: FAROUL, JESULA  
Address: 3220 SW 66 WAY  
City-St-Zip: MIRAMAR, FL 33023

Title: MD ( ) Delete  
Name: HERAND, MOINE  
Address: 1320 N 73 WAY  
City-St-Zip: HOLLYWOOD, FL 33024

Title: APP ( ) Delete  
Name: PIERRE, YOLLELINE  
Address: 6141 SW 30 ST APT 7  
City-St-Zip: MIRAMAR, FL 33023

**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 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: LUCIEN NEMORIN

PDA

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date