


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90233 015 ****70.00

DOCUMENT # N03000004210	
1. Entity Name CHRISTIAN HAITIAN CHURCH INC.	

Principal Place of Business 6900 SILVER STAR RD, STE 116 ORLANDO, FL 32818	Mailing Address 6900 SILVER STAR RD, STE 116 ORLANDO, FL 32818
--	--

2. Principal Place of Business 6324 West Colonial Dr Suite, Apt. #, etc.	3. Mailing Address 6324 West Colonial Dr Suite, Apt. #, etc.
--	--


City & State Orlando, FL	City & State Orlando, Florida
Zip 32818	Country USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

JEAN-BAPTISTE, REYNOLD 213 RING RD ORLANDO, FL 32811
--

Name Jean-Baptiste, Reynold
Street Address (P.O. Box Number is Not Acceptable) 1750 Carolina Wren Dr
City Ocoee, Florida
Zip Code 34761

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 05-01-06
--	------------------

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JEAN-BAPTISTE, REYNOLD 1750 CAROLINA WREN DR OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JEAN-BAPTISTE, BETANIE 1750 CAROLINA WREN DR OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT MAISONNEUVE, JEANNINE 2816 PIONEER RD ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	DATE 05-01-06	Daytime Phone #
---	------------------	-----------------