2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N03000008581

Entity Name: EGLISE BAPTISTE HAITIENNE BETHANIE INC

Current Principal Place of Business:

10694 S US 1
SUITE C
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10694 S US 1, SUITE C
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 56-2398450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORISCA, JEAN K
1932 SE JOY HAVEN ST.
PORT SAINT LUCIE, FL 34983 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: P ( ) Delete
Name: DORISCA, JEAN K
Address: 1932 SE JOY HAVEN ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S ( ) Delete
Name: CHER-AIME, WILFRID
Address: 237 NE FLORESTA DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: DEAC ( ) Delete
Name: FONTUS, NELSON
Address: 605 SE BETH CT.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: DEAC ( ) Delete
Name: MONDESIR, PIERRE
Address: 737 SE KARRIGAN TER.
City-St-Zip: PORT SAINT LUCIE, FL 34983

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:

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 K DORISCA P 03/30/2009

Electronic Signature of Signing Officer or Director — Date