


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90034 046 ****70.00

DOCUMENT # N03000009684 1. Entity Name HAINES CITY FIRST HAITIAN CHURCH OF THE NARENE, INC.			
Principal Place of Business 1500 ROBINSON DR. HAINES CITY, FL 33844		Mailing Address 801 SOUTH 14TH STREET HAINES CITY, FL 33844	
2. Principal Place of Business - No P.O. Box # 1500 Robinson Drive		3. Mailing Address 801 South 14th St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Haines City, FL		City & State Haines City, FL	
Zip 33844		Zip 33844	
Country POIK		Country POIK	
4. FEI Number 56-2311917		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENELUS, BENITO REV. 2012 AVENUE "D" SW WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Rev. Benito Renelus Street Address (P.O. Box Number is Not Acceptable) 2012 Ave "D" SW City Winter Haven FL Zip Code 33880	
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 <u><i>Benito Renelus</i></u> DATE <u>5/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	P RENELUS, BENITO 2012 AVE. D, S.W. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	SD BERNARD, JEAN O P.O. BOX 3425 HAINES CITY, FL 33845	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	VP CELISCAR, ROSELINE 1109 LEONE DRIVE HAINES CITY, FL 33844	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	TD CELISCAR, MYRNESE 1115 HILLCREST DRIVE NE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	SD Marie Michelle Cireus 507 Stonewall Drive Haines City, FL 33844	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	VP Cenevil, Roseline 1109 Leone Drive Haines City, FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	TD Gestonne ELfis 406 Ave "M" NE Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	SD Marie Michelle Cireus 507 Stonewall Drive Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
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: <u><i>Benito Renelus</i></u> BENITO RENELUS			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

863-965-6259