## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000139

BETHANY HAITIAN BAPTIST MINISTRY INC

FILED Aug 31, 2008 Secretary of State

Entity Na	me: BETHANY HAITIAN BAPTIST MINISTRY, IN	IC.		
Current Principal Place of Business:		New Princ	ripal Place of Business:	
609 WEST TAMPA, F	TWATERS AVENUE L 33604 US			
Current Mailing Address:		New Maili	New Mailing Address:	
P.O.BOX 2 TAMPA, F				
In accordan	: 56-2423584 FEI Number Applied For() FI ce with s. 607.193(2)(b), F.S., the corporation did not rec I Address of Current Registered Agent:	· ·		
JEAN, DO 609 WEST TAMPA, F	「WATERS AVENUE			
	e named entity submits this statement for the purpo e of Florida.	ose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( ) Delete JEAN, MARIE J P 15501 BRUCE B. DOWNS BLVD. # 1205 TAMPA, FL 33647 US	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition JEAN, MARIE J P 10461 BLACKMORE DRIVE TAMPA, FL 33647 US	
Title: Name: Address: City-St-Zip:	V ( ) Delete SIMON, FRITZNER V 6215 GONDOLA DRIVE RIVERVIEW, FL 33569 US	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition JEAN PHILIPPE, BENEDIQUE V 8542 LAZY RIVER DRIVE TAMPA, FL 33617 US	
Title: Name: Address: City-St-Zip:	S/D ( ) Delete JOSEPH, DOUNIA S/D 1901 EAST ELLICOTT STREET TAMPA, FL 33605 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/D ( ) Delete COMPERE, OLGUINE T/D 402 W. VIRGINIA AVENUE TAMPA, FL 33603 US	Title: Name: Address: City-St-Zip:	T/D (X) Change ( ) Addition COMPERE, OLGUINE T/D 2450 EAST HILLSBOROUGH AVENUE TAMPA, FL 33610 US	
Title: Name: Address: City-St-Zip:	D ( ) Delete MICHEL, HANDS D 1005 GRACE STREET TAMPA, FL 33607	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

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: DORET JEAN RA 08/31/2008