

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000139

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** BETHANY HAITIAN BAPTIST MINISTRY, INC.

**Current Principal Place of Business:**

609 WEST WATERS AVENUE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 292633  
TAMPA, FL 33687 US

**New Mailing Address:**

**FEI Number:** 56-2423584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JEAN, DORET RA  
609 WEST WATERS AVENUE  
TAMPA, FL 33604 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: JEAN, MARIE J P  
Address: 10461 BLACKMORE DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: V ( ) Delete  
Name: JEAN PHILIPPE, BENEDIQUE V  
Address: 8542 LAZY RIVER DRIVE  
City-St-Zip: TAMPA, FL 33617 US

Title: S/D ( ) Delete  
Name: JOSEPH, DOUNIA S/D  
Address: 1901 EAST ELLICOTT STREET  
City-St-Zip: TAMPA, FL 33605 US

Title: T/D ( ) Delete  
Name: COMPERE, OLGUINE T/D  
Address: 2450 EAST HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33610 US

Title: D ( ) Delete  
Name: MICHEL, HANDS D  
Address: 1005 GRACE STREET  
City-St-Zip: TAMPA, FL 33607

**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:

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: HANS MICHEL

O

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date