2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N04000009081

Entity Name: EGLISE LA FOI BAPTISTE HAITIENNE DU BON SAMARITAIN, INC.

Current Principal Place of Business:

1527 HINCKLEY ROAD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

1527 HINCKLEY ROAD
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 41-2046798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXIS, LEBRUN
1527 HINCKLEY ROAD
ORLANDO, FL 32818 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: ALEXIS, LEBRUN
Address: 1527 HINCKLEY ROAD
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete
Name: CARROL, BETTY
Address: 1527 HINCKLEY ROAD
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: VICTOR, GLADY'S
Address: 2736 SILKWOOD CIR 814
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: JEAN-PIERRE, DLY
Address: 4419 MARTINS WAY #F
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: JOSEPH, LYSE
Address: 2433 WOODWAY DRIVE
City-St-Zip: ORLANDO, FL 32037

Title: D ( ) Delete
Name: CLAUDE-PIERRE, JEAN
Address: 2081 ONETACT ROAD
City-St-Zip: ORLANDO, FL 32818

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:

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: LEBRUN ALEXIS P 04/16/2009

Electronic Signature of Signing Officer or Director — Date