

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006530

FILED
Apr 30, 2009
Secretary of State

Entity Name: LIGUE DES EGLISES EVANGELIQUES HAITIENNES DE TAMPA BAY, INC.

Current Principal Place of Business:

8425 N. 40TH ST.
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8425 N. 40TH ST.
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-3243275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THESEE, JACQUES REV.
27812 BREAKERS DR.
WESLEY CHAPEL, FL 33543 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: DP () Delete
Name: THESEE, JACQUES REV.
Address: 27812 BREAKERS DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DV () Delete
Name: CHARLES, MANITE REV.
Address: 8921 BRIDGEFORT OAKS DR.
City-St-Zip: TAMPA, FL 33637

Title: DS () Delete
Name: JACQUES, OLIAINT SAINT
Address: 5325 4TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DS () Delete
Name: MORISSET, FRANTZ S. DR.
Address: 26014 RISEN STAR DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DT () Delete
Name: REVOLUS, EMMANUEL REV.
Address: 1812 E. BRUST AVE.
City-St-Zip: TAMPA, FL 33620

Title: DT () Delete
Name: MACEUS, SONY REV.
Address: 2603 WILSKY RD.
City-St-Zip: LAND O LAKES, FL 34639

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: JACQUES THESEE

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date