2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011396

FILED Apr 30, 2007 Secretary of State

Entity Name: FIRST HAITIAN ALLIANCE CHURCH & MISSIONARIES INC

Current Principal Place of Business: New Principal Place of Business: 231 COMMERCE CENTER AIRPORT RD 231 COMMERCE CENTER AIRPORT RD NAPLES, FL 34112 NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 231 COMMERCE CENTER AIRPORT RD 231 COMMERCE CENTER AIRPORT RD NAPLES, FL 34112 NAPLES, FL 34104 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANKLYN, JOCELYN HOMERE, HYPPOLITE 902 SAN RÓMEO AVE 4843 DEVON CIRCLE NAPLES, FL 34112 NAPLES, FL 34112 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: HOMERE HYPPOLITE 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FRITO, PIERRE P Name: Name: 4290 PEARL HABOR DRIVE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: Title: (X) Change () Addition () Delete HYPPOLITE, HOMERE V Name: JOSEPH, ARTHUR Name: Address: 4843 DEVON CIRCLE Address: 4320 MINDI AVE City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: () Change (X) Addition MORANCY, SERGE Name: Name: Address: Address: 4221 PEARL HARBOR City-St-Zip: City-St-Zip: NAPLES, FL 34112 US Title: () Delete Title: () Change (X) Addition Name: Name: DELVA, ANNE 3404 SEMINOLE AVE Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34112 US Title: () Delete Title: () Change (X) Addition FRANKLIN, JOCELYN Name: Name: 902 SAN REMO AVE Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 US Title: () Delete Title: () Change (X) Addition BISSAINTHE, VILBONHEUR Name: Name: Address: Address: 4936 22ND AVE NAPLES, FL 34116 US City-St-Zip: 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: HOMERE HYPPOLITE RA 04/30/2007