

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011396

FILED
Apr 13, 2009
Secretary of State

Entity Name: FIRST HAITIAN ALLIANCE CHURCH & MISSIONARIES INC

Current Principal Place of Business:

231 AIRPORT RD
COMMERCE CENTER COMPLEX
NAPLES, FL 34104

New Principal Place of Business:

3045 DAVIS BLVD
NAPLES, FL 34104

Current Mailing Address:

4843 DEVON CIRCLE
NAPLES, FL 34104

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOMERE, HYPPOLITE
4843 DEVON CIRCLE
NAPLES, FL 34112 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: HOMERE, HYPPOLITE
Address: 4843 DEVON CIR
City-St-Zip: NAPLES, FL 34112

Title: C () Delete
Name: FRANKLIN, FLEURETTE
Address: 902 SAN REMO AVE
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: MORANCY, SERGE
Address: 4221 PEARL HARBOR
City-St-Zip: NAPLES, FL 34112 US

Title: T () Delete
Name: DELVA, ANNE
Address: 3404 SEMINOLE AVE
City-St-Zip: NAPLES, FL 34112 US

Title: C () Delete
Name: FRANKLIN, JOCELYN
Address: 902 SAN REMO AVE
City-St-Zip: NAPLES, FL 34104 US

Title: S () Delete
Name: BISSAINTHE, VILBONHEUR
Address: 4936 22ND AVE
City-St-Zip: NAPLES, FL 34116 US

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
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City-St-Zip:

Title: () Change () Addition
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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: HOMERE HYPPOLITE

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date