

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012727

FILED  
Feb 06, 2008  
Secretary of State

**Entity Name:** HAITIAN MINISTERIAL ASSOCIATION OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

107 EMPIRE TERRACE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

107 EMPIRE TERRACE  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 56-2563927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, ETZER  
107 EMPIRE TERRACE  
SEBASTIAN, FL 32958 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: D ( ) Delete  
Name: THOMAS, ETZER  
Address: 107 EMPIRE TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete  
Name: TATTEGRAIN, RAYMOND  
Address: P.O. BOX 124  
City-St-Zip: FT. PIERCE, FL 34954

Title: D ( ) Delete  
Name: GABAUD, JEAN W.  
Address: P.O. BOX 13242  
City-St-Zip: FT. PIERCE, FL 34979

Title: D ( ) Delete  
Name: PERMIS, PASCAL  
Address: P.O. BOX 747  
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete  
Name: GUERRIER, FRITZ M.  
Address: 2701 RHODE ISLAND AVE.  
City-St-Zip: FT. PIERCE, FL 34947

**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: ETZER THOMAS

PAST

02/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date