

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012727

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

604 PARKWAY AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

604 PARKWAY AVE
FORT PIERCE, FL 34950

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:

PERMIS, PASCAL
604 PARKWAY AVE
FORT PIERCE, FL 34950 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: PERMIS, PASCAL
Address: P.O. BOX 747
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: LORIUS, DESSOURCES
Address: 1207 TEXAS COURT
City-St-Zip: FT. PIERCE, FL 34950

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

Title: D () Delete
Name: JUSTIN, FLOREAL
Address: 2272 S.E. MASLAN AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: PASCAL PERMIS

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date