

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001381

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** BETHESDA HAITIAN EVANGELICAL CHURCH OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

752 SE WHITEHURST AVE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

752 SE WHITEHURST AVE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 14-1953141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHEL, CHRISTEL  
752 SE WHITEHURST AVE  
PORT ST LUCIE, FL 34983 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: MICHEL, CHRISTEL  
Address: 752 SE WHITEHURST AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: JOSEPH-MICHEL, ROSE N  
Address: 752 SE WHITEHURST AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: CADEAU, MARIE  
Address: 1568 COLLETTE CIR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: EUGENE, PRICILE  
Address: 4634 SW EAGLE STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: VINCENT, DEVILMA  
Address: 643 ABODE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: ARISTIDE, ANTONIA  
Address: 558 MARION AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

**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: CHRISTEL MICHEL

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date