2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007627

FILED Apr 20, 2009 Secretary of State

Entity Name: REACHING HAITI 4 CHRIST MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 761 SW 49TH TERRACE 571 ST. MICHELLE WAY MARGATE, FL 33068 MARGATE, FL 33068 **Current Mailing Address: New Mailing Address:** 571 ST. MICHELLE WAY 761 SW 49TH TERRACE MARGATE, FL 33068 MARGATE, FL 33068 FEI Number: 20-5517198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: EXANTUS, STEVE D EXANTUS, STEVE D 761 SW 49TH TERRACE 571 ST. MÍCHELLE WAY MARGATE, FL 33068 MARGATE, FL 33068 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: 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete EXANTUS, MERCENIEUSE E EXANTUS, MERCENIEUSE E Name: Name: 761 SW 49TH TERRACE Address: 571 ST. MICHELLE W Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: MARGATE, FL 33068 Title: VC () Delete Title: () Change () Addition METHEZUR, PAULETTE Name: Name: Address: 270 NE 23RD CT Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition NORCILUS, BRUNET Name: Name: 5744 NW ESAU AVE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change () Addition NAZAIRE, WILFRID Name: Name: Address: 2569 SW 10TH CT Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition FRANCOIS, JEANNOT Name: Name: 11 NW 18TH STREET Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 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: BRUNET NORCILUS S 04/20/2009