

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009261

FILED
May 01, 2007
Secretary of State

Entity Name: UNITED METHODIST NATIONAL HAITIAN NETWORK, INC.

Current Principal Place of Business:

900 NE 132ST
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

900 NE 132ST
MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-5490384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC.
160 NW 176ST KENNEDY PLAZA
SUITE 203
MIAMI GARDENS, FL 33161 US

Name and Address of New Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC.
1428 NE 163RD STREET
MIAMI, FL 33162 US

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: ANIS BLEMUR

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOREAL, JOANEM
Address: 7840 TROPICANA ST
City-St-Zip: MIRAMAR, FL 33023

Title: VP () Delete
Name: ADHEMAR, JOCELYN
Address: 4058 FLORAL DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: LEFRANC, ROBERTSON
Address: 6522 NORTH 43RD ST
City-St-Zip: TAMPA, FL 33610

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:

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: JOANEM FLOREAL

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date