2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2008
Secretary of State

DOCUMENT# N06000011885

Entity Name: SOUTHERN MISSIONARY FOUNDATION FOR THE HOPE OF HAITI, INC.

Current Principal Place of Business:

109 IBISCA TERRACE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

109 IBISCA TERRACE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 84-1720307 **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:

LABORDE, SAMMUEL REV.
109 IBISCA TERRACE
ROYAL PALM BEACH, FL 33411 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: DP ( ) Delete
Name: LABORDE, SAMMUEL
Address: 109 IBISCA TERRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DV ( ) Delete
Name: JEAN, AMOS REV.
Address: 4712 MYRTLE LANE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DV ( ) Delete
Name: LUSMA, MARIO R. REV.
Address: 224 DATURA ST., #401
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS ( ) Delete
Name: DELSOIN, JEANNETTE
Address: 1164 SKIYTON AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: DAS ( ) Delete
Name: PIERRE, HENRY
Address: 1623 W. BREEZY LANE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DT ( ) Delete
Name: ESTIMABLE, LEONCE REV.
Address: 301 1ST AVE.
City-St-Zip: LAKE WORTH, FL 33460

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: FRANCOIS DELVA DIR 09/24/2008

Electronic Signature of Signing Officer or Director — Date