

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012360

FILED
Feb 21, 2007
Secretary of State

Entity Name: EBEN-EZER HAITIAN SEVENTH-DAY ADVENTIST CHURCH INC.

Current Principal Place of Business:

1280 WYNDHAM PINE DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1280 WYNDHAM PINE DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 38-3747980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIERRE, LUC
1280 WYNDHAM PINE DRIVE
APOPKA, FL 32712 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: PD () Delete
Name: PIERRE, LUC
Address: 1280 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: VERNET, SERGE
Address: 5431 SOUTH RIO GRANDE AVENUE
City-St-Zip: ORLANDO, FL 32839

Title: TD () Delete
Name: CHARLES, ENOSCH
Address: 5431 SOUTH RIO GRANDE AVENUE
City-St-Zip: ORLANDO, FL 32839

Title: SD () Delete
Name: ARBOLTE, LUDIE
Address: 7304 CATAMARAN DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: PROSPER, ZACHEE
Address: 4405 CANOPY COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: AUGUSTE, LUCIEN
Address: 663 ALBRIDGE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

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 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: LUC PIERRE

PD

02/21/2007

Electronic Signature of Signing Officer or Director

Date