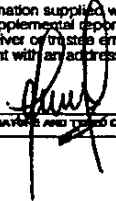


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

04-28-2008 90330 006 ****61.25

DOCUMENT # N07000007352					
1. Entity Name ALLIANCE DES EGLISES EVANGELIQUES HAITIENNES DE LA FLORIDE INC.					
Principal Place of Business 14697 NE 18 AVEAPT #205 NORTH MIAMI BEACH, FL 33181			Mailing Address 14697 NE 18 AVEAPT #205 NORTH MIAMI BEACH, FL 33181		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 651314398	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACQUES, JULES 14697 NE 18 AVEAPT #205 NORTH MIAMI BEACH, FL 33181				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JACQUES, JULES		NAME		
STREET ADDRESS	14697 NE 18 AVEAPT #205		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VALENTIN, OSLET		NAME		
STREET ADDRESS	16701 NE 21 AVE #108		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOSEPH, THENY		NAME		
STREET ADDRESS	710 NE 164 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DORDOYE, WILSON		NAME		
STREET ADDRESS	14399 NE 5TH PLACE #7		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PERILUS, MANES		NAME		
STREET ADDRESS	1NW 88 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/22/2008 786 227 3823		
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date Daytime Phone #		