

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 10, 2009**  
**Secretary of State**

DOCUMENT# N08000000328

**Entity Name:** UNIVERSITY HAITIAN BAPTIST CHURCH, INC.**Current Principal Place of Business:**953 11TH AVENUE  
TAMPA, FL 33605 US**New Principal Place of Business:****Current Mailing Address:**953 11TH AVENUE  
TAMPA, FL 33605**New Mailing Address:****FEI Number:** 35-2327770**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHARLES, MANITE  
953 11TH AVENUE  
TAMPA, FL 33605 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: P ( ) Delete  
Name: CHARLES, MANITE  
Address: 8921 BRIDGEMORE OAKS DR.  
City-St-Zip: TAMPA, FL 33637

Title: VP ( ) Delete  
Name: JOSEPH, ANECY  
Address: 4403 DOLPHIN DR.  
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete  
Name: BRUTUS, JOSEPH  
Address: 10541 CEDAR PINE DR.  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T ( ) Change (X) Addition  
Name: PELICIER, SUZE TREASUR  
Address: 10541 CEDAR PINE DR.  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Change (X) Addition  
Name: SYLVESTRE, JACCILIA SECRETA  
Address: 6640 TRAVIS BLVD  
City-St-Zip: TAMPA, FL 33610

Title: C ( ) Change (X) Addition  
Name: DUCLOS, JOCELINE CHAIRMA  
Address: 1105 EAST 109TH AVE.  
City-St-Zip: TAMPA, FL 33612

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: MANITE CHARLES

P

09/10/2009

Electronic Signature of Signing Officer or Director

Date