

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001545

FILED
Mar 07, 2009
Secretary of State

Entity Name: HOPE HAITIAN COMMUNITY, INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

758 CENTER HILL DR.
JACKSONVILLE, FL 32254

New Principal Place of Business:

2026 BURPEE DR.E
JACKSONVILLE, FL 32210

Current Mailing Address:

758 CENTER HILL DR.
JACKSONVILLE, FL 32254

New Mailing Address:

2026 BURPEE DR.E
JACKSONVILLE, FL 32210

FEI Number: 26-2050155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEXIUSTE, CAJUSTE
758 CENTER HILL DR.
JACKSONVILLE, FL 32254 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: LEXIUSTE, CAJUSTE
Address: 758 CENTER HILL DR.
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD () Delete
Name: BOULOUTE, PATRICK
Address: 2343 ESTHER ST.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: FLEURELIEN, ROLANDI
Address: 758 CENTER HILL DR.
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: DACHOUTE, EVENS
Address: 2386 RICKER RD.
City-St-Zip: JACKSONVILLE, FL 32212

Title: D () Delete
Name: LEONARD, JEAN-RAYNOLD
Address: 6025 OLD KING ST.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: DESARMOURS, VENISE
Address: 5191 S. LANE AVE.
City-St-Zip: JACKSONVILLE, FL 32210

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: LEXIUSTE CAJUSTE

E

03/07/2009

Electronic Signature of Signing Officer or Director

Date