

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 12, 2010
Secretary of State

Entity Name: HOPE HAITIAN COMMUNITY, INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

2026 BURPEE DR.E
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2026 BURPEE DR.E
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-2050155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VENISE DESAMOURS

DR

03/12/2010

Electronic Signature of Signing Officer or Director

Date