2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N08000006887

Entity Name: HAITIAN ALLIANCE CHURCH OF NAPLES INC.

Current Principal Place of Business:

2504 ESTEY AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8811
NAPLES, FL 34101

New Mailing Address:

FEI Number: 90-0401957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RACINE, DIEUQUILCE REV.
4603 ACADIA LANE
NAPLES, FL 34112 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:	RACINE, DIEUQUILCE REV.	
Address:	4603 ACADIA LANE	
City-St-Zip:	NAPLES, FL 34112	
Title:	TRES	( ) Delete
Name:	PETIT DOR PIERRE, GINA	
Address:	4725 25TH PLACE SW APT - A	
City-St-Zip:	NAPLES, FL 34116	
Title:	SEC.	( ) Delete
Name:	RACINE, SAINTAMENE	
Address:	4603 ACADIA LANE	
City-St-Zip:	NAPLES, FL 34112	
Title:	MEMB	( ) Delete
Name:	SYLVESTRE, WULTONN	
Address:	134 JASMINE CIRCLE	
City-St-Zip:	NAPLES, FL 34102	
Title:	VP	( ) Delete
Name:	MITIEL, LORDEUS	
Address:	5313 CALDWELL ST	
City-St-Zip:	NAPLES, FL 34113	
Title:	MEMB	( ) Delete
Name:	FEVRY, JUSTIMENE	
Address:	134 JASMINE CIRCLE	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC.	(X) Change ( ) Addition
Name:	ORANGE, WEINER	
Address:	175 JASMINE CIRCLE	
City-St-Zip:	NAPLES, FL 34102	
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: DIEUQUILCE RACINE P 02/23/2009

Electronic Signature of Signing Officer or Director — Date