2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009439

FILED Mar 11, 2009 Secretary of State

Entity Name: GOOD SHEPHERD HAITIAN BAPTIST CHURCH, INC

Current Principal Place of Business: New Principal Place of Business:

5600 LEE BLVD 5600 LEE BLVD

LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

332 DELAWARE RD P.O.BOX 1826

LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33970

FEI Number: 80-0277043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUDATH, MATHURIN
332 DELAWARE RD
HONORE, LOUIS I
3911 8TH STREET SW

LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33976 US

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: LOUIS . I HONORE 03/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: () Change () Addition

 Name:
 JOSEPH, SELVANDIEU
 Name:

 Address:
 332 DELAWARE RD
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: LOUIS, MICHEL Name: HONORE, LOUIS I

 Address:
 4231 LERON AVE #202
 Address:
 3911 8TH STREET SW

 City-St-Zip:
 FORT MYERS, FL 33916
 City-St-Zip:
 FORT MYERS, FL 33976

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 AUDATH, MATHURIN
 Name:
 CHATELIER, VILSOIT

 Address:
 4519 VARSITY CIRCLE
 Address:
 P.O.BOX 1826

City-St-Zip: LEHIGH ACRES, FL 33991 City-St-Zip: LEHIGH ACRES, FL 33970

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: JOSEPH SELVANDIEU P 03/11/2009