

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18616

FILED
Apr 29, 2009
Secretary of State

Entity Name: MIAMI-HAITIAN WESLEYAN CHURCH, INC.

Current Principal Place of Business:

16500 NW 2ND AVE.
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

15885 NE 2ND AVE
MIAMI, FL 33162 US

New Mailing Address:

FEI Number: 65-2221261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST HILAIRE, PLANEL
15885 NE 2ND AVE
MIAMI, FL 33162 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: ST. HILAIRE, PLANEL
Address: 15885 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33162

Title: VD () Delete
Name: SAINVIL, ASTENSIE
Address: 15885 NE 2ND AVE
City-St-Zip: MIAMI, FL 33162

Title: S () Delete
Name: MYRIAM, PRINCIVIL
Address: 1045 NE 145 ST.
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: MONDESTIN, JONAS
Address: 18920 NW 19 AVE.
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: ARISTIDE, MISROSE
Address: 1025 NE E135 ST.
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: DANIEL, DESRONVIL
Address: 1115 NE 155 ST.
City-St-Zip: MIAMI, FL 33162

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: PLANEL ST HILAIRE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date