2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N29712

Entity Name: FIRST HAITIAN BAPTIST MISSION, INC.

Current Principal Place of Business:

14600 E TAMIAMI TRAIL
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

14600 E TAMIAMI TRAIL
NAPLES, FL 34114 US

New Mailing Address:

FEI Number: 26-4370019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERONE, PIERRE L
5346 WARREN STREET
NAPLES, FL 33962 US

Name and Address of New Registered Agent:

MERONE, PIERRE L
5135 40TH AVE NE
NAPLES, FL 34120 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: _____ 04/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JONASSAINT, MARIE G
Address: 5206 MITCHELL ST
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete
Name: MERONE, PIERRE L.
Address: 5135 40TH ST. NE
City-St-Zip: NAPLES, FL 34120

Title: T ( ) Delete
Name: JEAN, DUVON
Address: PO BOX 7382
City-St-Zip: NAPLES, FL 34101

Title: DTR ( ) Delete
Name: DORESTAN, FATERA
Address: 4658 PARROT AVE
City-St-Zip: NAPLES, FL

Title: T ( ) Delete
Name: ANTOINE, JUNETTE
Address: 5260 GEORGIA AVE
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete
Name: GARCON, GESNER
Address: 5238 MARTIN ST
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JONASSAINT, MARIE G
Address: 5206 MITCHELL ST
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: JEAN, DUVON
Address: PO BOX 7382
City-St-Zip: NAPLES, FL 34112

Title: DTR (X) Change ( ) Addition
Name: DORESTAN, FATERA
Address: 4658 PARROT AVE
City-St-Zip: NAPLES, FL 34112

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: JUNETTE ANTOINE T 04/17/2009
Electronic Signature of Signing Officer or Director — Date