

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29988

FILED
May 04, 2007
Secretary of State

Entity Name: HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.

Current Principal Place of Business:

4090 COCOANUT RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

4090 COCOANUT RD
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-1079090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JEAN-BAPTISTE, MATHIEU
4090 COCOANUT RD
LAKE WORTH, FL 33461 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: JEAN-BAPTISTE, MATHI, EU
Address: 3715 EASTVIEW AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVP () Delete
Name: FRANCOIS, FRANCK
Address: 10830 GREENTRAIL DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TDC () Delete
Name: GUERRIER, FRITZ
Address: 2701 RHODE ISLAND
City-St-Zip: FT. PIERCE, FL 34998

Title: DC () Delete
Name: JEAN-BAPTISTE, MARLAINE
Address: 3715 EASTVIEW AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: PIERRE AGNEAU, GEORGES
Address: 280 BERETTA CT
City-St-Zip: WEST PALM BEACH, FL 33409

Title: C () Delete
Name: LEOPOLD, MICHAEL
Address: 629 NW TREEMONT AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: PHILOGENE, JEAN-EMMANUEL
Address: 200 ONTARIO PLACE
City-St-Zip: WEST PALM BEACH, FL 33409

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: MATHIEU JEAN-BAPTISTE

PD

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date