

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29988

FILED  
Jan 13, 2009  
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 ( )

**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: 1986 LYNTON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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

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: 1986 LYNTON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: PIERRE AGNEAU, GEORGES  
Address: 803 GAZETTA WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

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: ( ) 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: MATHIEU JEAN-BAPTISTE

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date