

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 18, 2009
Secretary of State**

DOCUMENT# N29988

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, MATHIEU
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414Title: DVP () Delete
Name: PHILOGENE, JEAN-EMMANUEL
Address: 200 ONTARIO PLACE
City-St-Zip: WEST PALM BEACH, FL 33409Title: TDC () Delete
Name: GUERRIER, FRITZ
Address: 2701 RHODE ISLAND
City-St-Zip: FT. PIERCE, FL 34998Title: DC (X) Delete
Name: JEAN-BAPTISTE, MARLAINE
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414Title: T () Delete
Name: PIERRE AGNEAU, GEORGES
Address: 803 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413Title: 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
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City-St-Zip:Title: () Change () Addition
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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

P

06/18/2009

Electronic Signature of Signing Officer or Director_____
Date