

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29988

FILED
Apr 27, 2012
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 (X)

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
Name: JEAN-BAPTISTE, MATHIEU
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MATHIEU JEAN-BAPTISTE

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date