

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30322

FILED
Mar 24, 2009
Secretary of State

Entity Name: FIRST HAITIAN BAPTIST CHURCH OF AVON PARK, INC.

Current Principal Place of Business:

104 SOUTH FOREST AVE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 28
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 65-0374457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REV. ETIENNE E. DELPHIN
538 LEAHY AVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

REV. ETIENNE E. DELPHIN
538 LEAR AVE
LAKE PLACID, FL 33852 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: _____

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELPHIN, ETIENNE E
Address: 538 LEAHY AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DT () Delete
Name: DELPHIN, MARIE
Address: 538 LEAHY AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: DELPHIN, BRENDA
Address: 538 LEAHY AVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELPHIN, ETIENNE E
Address: 538 LEAR AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DT (X) Change () Addition
Name: DELPHIN, MARIE
Address: 538 LEAR AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: DELPHIN, BRENDA
Address: 538 LEAR AVE
City-St-Zip: LAKE PLACID, FL 33852

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: ETIENNE E. DELPHIN

MR.

03/24/2009

Electronic Signature of Signing Officer or Director

Date