

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37864

FILED
Apr 19, 2009
Secretary of State

Entity Name: HAITIAN CHURCH OF THE BRETHERN, INC.

Current Principal Place of Business:

520 NW 103 ST.
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

545 NW 102 ST.
MIAMI, FL 33150 US

New Mailing Address:

FEI Number: 65-0202162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDOVIC, ST. FLEUR
545 NW 102 ST.
MIAMI, FL 33150 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: D () Delete
Name: ST FLEUR, LUDOVIC
Address: 2400 N MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ATTELUS, SERVILIA
Address: 1190 NW 122 STREET
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: PIERRE, HENRY K.
Address: 53 NW 52
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SUTTON, WAYNE
Address: 680 NE 165 ST N
City-St-Zip: MIAMI BEACH, FL 33162

Title: S () Delete
Name: ELIE, HAENER J
Address: 19701 SW 110TH COURT, APT 231
City-St-Zip: CUTLER BAY, FL 33157

Title: DEA () Delete
Name: ECCLESIASTES, FREDERICK
Address: 530 NW 105TH STREET
City-St-Zip: MIAMI, FL 33150

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: LUDOVIC STFLEUR

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date