

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N38996

FILED
Sep 19, 2007
Secretary of State

Entity Name: FIRST HAITIAN BAPTIST CHURCH OF ORLANDO, INC.

Current Principal Place of Business:

4701 LENOX BLVD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 585857
ORLANDO, FL 32858 US

New Mailing Address:

FEI Number: 59-3046205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FILS-AIME, ANTOINE V PASTOR
2201 KINGSLAND AVE
ORLANDO, FL 32808 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: FILS-AIME ANTOINE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FILS-AIME, ANTOINE V
Address: 2201 KINGSLAND AVE.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: PIERRE, LUCKNY F
Address: 216 LONGLEAF CT.
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: BALTAZAR, YVES
Address: 1714 GRANT ST.
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: LAHENS, BERBINO
Address: 5716 WINGATE DR
City-St-Zip: ORLANDO, FL 32839

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:

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: FILS-AIME ANTOINE

D

09/19/2007

Electronic Signature of Signing Officer or Director

Date