2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N42982

Entity Name: CENTRAL HAITIAN CHURCH OF CHRIST INC

Current Principal Place of Business:

1201 NW 27 AVE
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

4845 N.W. 2ND PLACE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0599372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDOUARDO, SURIN N
4845 N.W. 2ND PLACE
PLANTATION, FL 33317 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:	P	( ) Delete
Name:	EDOUARD, SURIN	
Address:	4845 N.W. 2ND PLACE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	VPD	( ) Delete
Name:	PHILIPPE, LUDERS J	
Address:	1201 N.W. 27TH AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	SD	( ) Delete
Name:	TELLUS, ST. GERARD	
Address:	1201 N.W. 27TH AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	T	( ) Delete
Name:	JOSEPH, TALMA	
Address:	1201 N.W. 27TH AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33311	

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: SURIN N. EDOUARD OFFI 04/18/2009

Electronic Signature of Signing Officer or Director — Date