2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N45431

Entity Name: EBENEZER HAITIAN BAPTIST CHURCH INCORPORATED

Current Principal Place of Business:

6985 NW 2ND AVE.
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

6985 NW 2ND AVE.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0296862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEANTILUS, CLEMENT S
11730 WEST BISCAYNE CANAL ROAD
MIAMI, FL 33161 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	( ) Delete
Name:	JEANTILUS, CLEMENT S	
Address:	11730 WEST BISCAYNE CANAL ROAD	
City-St-Zip:	MIAMI, FL 33161	
Title:	SD	( ) Delete
Name:	PINCHINAT, NICOLAS	
Address:	6985 N.W. 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33150	
Title:	TD	( ) Delete
Name:	JEAN-BAPTISTE, IVON	
Address:	6985 NW 2 AVE	
City-St-Zip:	MIAMI, FL 33150	
Title:	A	( ) Delete
Name:	RICHEMOND, ROSE	
Address:	6985 NW 2 AVENUE	
City-St-Zip:	MIAMI, FL 33150	
Title:	A	( ) Delete
Name:	DORFILS, FERDINAND	
Address:	6985 NW 2 AVE	
City-St-Zip:	MIAMI, FL 33150	
Title:	A	( ) Delete
Name:	DESRUISSEAUX, FRITZ G	
Address:	6985 NW 2 AVE	
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: CLEMENT JEANTILUS PD 04/09/2008

Electronic Signature of Signing Officer or Director — Date