

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 13, 2009
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:**P.O. BOX 849148
PEMBROKE PINES, FL 33084 US**FEI Number:** 65-0296862**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAFRANCE, MANES
6985 NW 2ND AVE
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: PD () Delete
Name: LAFRANCE, MANES
Address: 6985 NW 2ND AVE
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: LAFRANCE, IVANA
Address: 6985 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: DIEUJUSTE, ROSSELINE
Address: 6985 NW 2 AVE
City-St-Zip: MIAMI, FL 33150

Title: A () Delete
Name: EUGENE, BONIFACE
Address: 6985 NW 2ND AVE
City-St-Zip: MIAMI, FL 33150

Title: A () Delete
Name: MICHEL, ARSENE
Address: 6985 NW 2 AVE
City-St-Zip: MIAMI, FL 33150

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MICHEL, ARSENE
Address: 6985 NW 2ND AVE
City-St-Zip: MIAMI, FL 33150

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: A (X) Change () Addition
Name: FRANCOIS, ERIC
Address: 6985 NW 2 AVE
City-St-Zip: MIAMI, FL 33150

Title: A () Change (X) Addition
Name: GERVAIS, LAFONTANT
Address: 6985 NW 2 AVE
City-St-Zip: MAIMI, FL 33150

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: IVANA LAFRANCE

SD

07/13/2009

Electronic Signature of Signing Officer or Director

Date