2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N92000000584

FILED Oct 06, 2008 Secretary of State

Entity Name: FIRST HAITIAN BAPTIST CHURCH OF N.M.B., INC. **Current Principal Place of Business: New Principal Place of Business:** 15395 N. MIAMI AVE NORTH MIAMI BEACH, FL 33169 LIS **Current Mailing Address: New Mailing Address:** 15395 N. MIAMI AVE NORTH MIAMI BEACH, FL 33169 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAROSE, NERVA 960 NF 155 ST N. MIAMI BEACH, FL 33162 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition ETIENNE, CLAUDE N REV Name: Name: Address: 865 NW 155 LN APT 206 Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: VD () Delete Title: () Change () Addition JULIEN, FRANCE Name: Name: Address: 960 NE 160 ST Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip: Title: () Delete Title: (X) Change () Addition LIBERAL, ELUCIER Name: ST JEAN, DANIEL Name: Address: 745 NE 178 ST Address: 18970 N.W 6CT City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33169 Title: TD () Delete Title: () Change () Addition ELYSEE, FITO Name: Name: Address: 46 NE 164 ST Address: City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: Title: () Delete Title: () Change (X) Addition ILIOMENE, JULIEN Name: Name: 16133 N.E 9 AVE Address: Address: City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: ILIOMENE JULIEN D 10/06/2008