2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2005 8:00 am Secretary of State

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1. Entity Name

SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH,



Principal Place of Business Malling Address 1020 S. DIXIE HWY 1615 LAKE AVENUE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address outh Divie Hwy 102 Suite, Apt. #, etc. Suite, Apt. #, etc 07052005 CR2E037 (10/03) Cha-NP City & State City & State 4. FEI Number Applied For 65-0531379 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent LOUISSAINT, ELIE REV. Street Address (P.O. Box Number is Not Acceptable) **1615 LAKE AVENUE** LAKE WORTH, FL 33460 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Fiorida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOUISSAINT, ELIE NAME 2935 DONALD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PARENT, JEAN A NAME NAME STREET ADORESS 3480 SUMMER STREET APT 2 STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME LEOPOLD-PIERRE, GERMAIN NAME STREET ADDRESS 1134 17TH AVE., N. APT. 1 STREET ADDRESS LAKE WORTH, FL. 33460 CITY-ST-ZIP CITY-ST-78 TILE D ☐ Delete TITLE ☐ Change ■ Addition NAME LOUISSAINT, ROSE MARY NAME STREET ADDRESS 2935 DONALD ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP TITLE n ☐ Detete MLE Change ☐ Addition LHONNER, GOURDET NAME NAME 7932 LAKE WOOD COVE COTE STREET ADDRESS STREET ADDRESS DERAY BEACH, FL 33467 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TILLE Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED HAME OF SIGNERA OFFICER OR DIRECTOR