

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000053

FILED
Apr 28, 2006
Secretary of State

Entity Name: IMMOKALEE HAITIAN FREE METHODIST CHURCH, INC.

Current Principal Place of Business:

312 EUSTIS AVE.
IMMOKALEE, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 267
IMMOKALEE, FL 33143

New Mailing Address:

FEI Number: 59-6511994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, RICHARD A
5421 SHARON TRAIL
LAKELAND, FL 33810 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: EUGENE, EMMANUEL
Address: 11517 NE 12TH AVE
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: GEORGES, HULDA
Address: 909 JEFFERSON AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: SD () Delete
Name: ALIENTHE, OXYL
Address: 211B WEST MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: EMMANUEL EUGENE

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date